

UNITED FOOD AND COMMERCIAL WORKERS UNION AND PARTICIPATING FOOD INDUSTRY EMPLOYERS TRI-STATE PENSION FUND

3031 B. WALTON ROAD. PLYMOUTH MEETING, PA 19462

Phone: (866)928-8329 • (610) 941-4282 | Fax: (610) 941-9347

Email: tsfund@ufcwtristatepensionfund.org | Website: tsfund@ufcwtristatepensionfund.org

Direct Deposit Authorization Form

Below is Direct Deposit authorization for you to deposit your monthly Pension check directly into your bank account or on a “rapid!” Paycard.

- Yes, I want to have my monthly pension payment deposited directly into my bank account.
- **OR** -
- Yes, I want my monthly pension payment deposited directed on a ”rapid!” Paycard. I understand this election will remain in force until I have provided written notification asking to cancel this service and have submitted the appropriate completed direct deposit forms to the Fund Office.

In order to set up Direct Deposit, you must do the following:

1. Complete and sign the form below;
2. Attach a voided check;
3. Mail completed/signed form to the Fund office in the enclosed envelope

If you have any questions or concerns regarding this matter, do not hesitate to contact the Fund Office at (610) 941-4282 or toll free at 1-866-928-8329 weekdays between 8:00 a.m. and 5:00 p.m.

General Information

Authorization for Automatic Deposit of Pension Check:		<input type="checkbox"/> Initial Authorization	<input type="checkbox"/> Change of Bank/Inst.	<input type="checkbox"/> Change of Account
Name of Financial Institution:		Pensioner’s Phone Number:		
Pensioner’s Mailing Address:		City:	State:	Zip:
Pensioner Name <i>(Please Print)</i> :		Type of Account: <input type="checkbox"/> Savings <input type="checkbox"/> Checking		
Pensioner’s Social Security Number:	Account Number:		Routing Number:	

Authorization

I authorize United Food and Commercial Workers Union and Participating Food Industry Employers Tri-State Pension Fund, hereafter referred to as PENSION FUND, to deposit my periodic pay into my account identified as and held at FINANCIAL INSTITUTION named above, and I authorize that such account exists and that the FINANCIAL INSTITUTION can make debits or credits for the purpose of adjusting errors, overpayments, or fraud in the amount deposited in the amount distributed.

My authorization will remain in effect until I give written notice to terminate this authorization to my PENSION FUND in sufficient time and manner as to allow my PENSION FUND to act upon it. In addition, either my PENSION FUND or the FINANCIAL INSTITUTION can terminate this agreement by providing me with their written notice at least 10 days prior to actual termination.

I have provided my PENSION FUND with a copy of a voided check solely for the purposes of verifying my account and the financial Institution’s routing number.

Pensioner’s Signature: _____ **Date:** _____