



# Direct Deposit Form

This direct deposit form is for:

☐ SUB/ASF

☐ Disability

☐ Pension

## Section 1: Participant Information - Complete this section with your personal information. (please print)

Name:	Last 4 of SSN:	
Street Address:	Apt #:	
City:	State:	Zip Code:
Cell Phone: (     )	Home Phone: (     )	E-mail:
<input type="checkbox"/> Please check box if the address indicated above is a new address		

## Section 2: Bank Information - Complete this section with your bank information.

Select a Type of Account (check one):

☐ Checking

☐ Savings (you MUST have a representative from your bank complete Section 3: Savings Account Deposits)

Name of Your Financial Institution:

9 Digit Routing Number:

Your Account Number:

*\*Please include a copy of a canceled or voided check for accuracy. You may copy it directly over the sample.*

*Do not provide a copy of a deposit slip, as the routing number will be incorrect for Direct Deposit purposes.*

1001

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

DOLLARS

Your Bank Name

MEMO \_\_\_\_\_

⑆ 123456789 ⑆ 0000987654321 ⑆ 1001

9 Digit Routing Number    Your Account Number    Check Number

## Section 3: Savings Account Deposits: For Financial Institution Use Only - A bank representative must complete this section only if you will be having your check direct deposited to a Savings Account.

I certify that this financial institution agrees to accept ACH credits from the Fund Office for the depositor listed above. I also certify that the bank account number and routing number above are correct. In addition, this institution agrees to notify the Fund Office when it receives notification of the account holder's death.

Bank Representative's Signature:

Date:

Bank Representative's Name: (Printed):

Bank Representative's Title:

## Section 4: Participant Signature - Read carefully. Sign

By signing this form, I authorize the Fund Office to initiate, terminate or change deposits to my account with the financial institution listed above. In addition, the financial institution is authorized by me to credit my account for the amount of the entry. These deposits will remain in effect until I provide the Fund Office with written notification, within a reasonable time period, to stop payments to my account.

Participant Signature:

Date:

## Return your completed Direct Deposit form to: