
Tuckpointers Local 52 Benefit Funds

Direct Deposit Form

Until I give further notice in writing, I hereby request and authorize the Trustees of the Tuckpointers Local 52 Pension Trust Fund to issue all checks in payment of amounts due me under said Trust payable to the order of _____ for credit to my account number _____.

If any such payment(s) are made by you, the due date of such payment(s) being after my death, I hereby bind the executor of my estate to refund the amount of such payment(s) to you and I further authorize the financial institution designated below, to refund to you from my account the amount of such payment(s).

_____ Name	_____ Signature
_____ Address	_____ City State Zip Code
_____ XXX-XX- Last 4 Digits of Social Security #	

I authorize the Tuckpointers Local 52 Pension Trust Fund to deposit funds in the account identified below:

_____ Plan Participant	_____ Account Number /Routing Number
Account Type: Savings: _____	Checking: _____

For a checking account, please attach a copy of a voided check in the space below or a printout from your financial institution that includes your account number and the routing number. If it is a savings account, please attach a printout from your financial institution that includes your account number and the routing number for the financial institution.

Attach Voided Check Here