

**LOCAL 332-A PENSIONER ELECTRONIC FUNDS TRANSFER FORM**

**Part A / B**

*Please attach voided check here.*

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NAME: \_\_\_\_\_

SS #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

Checking Account # \_\_\_\_\_

**OR** (INCLUDE A VOIDED CHECK)

Savings Account # \_\_\_\_\_

(INCLUDE A VOIDED DEPOSIT SLIP)

I agree with and understand the following:

- (A) This Electronic Funds Transfer information is to remain in effect unless a written notification of a change in institution is given to the Plan or the Plan no longer offers Direct Deposit via Electronic Funds Transfer.
- (B) It is my responsibility to provide any bank changes (account #, name, or address) to the plan office to assure timely receipt of my benefit.
- (C) If my home address changes, I will advise the Plan of the changes in writing.
- (D) There will be a transaction reversal for any amount deposited into my account that I am not entitled to receive.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**For office use only:**

( ) Add

( ) CA

( ) Change

( ) CA/Nacha Screen

( ) Delete