

Pension Plan of Plumbers and Steamfitters Local Union No. 422

Direct Deposit Authorization

Form 8

Participant Information (Please type or print clearly)

Name: _____

Social Security Number: _____ Phone No: () _____

Address: _____

(Please notify the Fund Office if you change your home mailing address)

Bank Information: (Please contact your bank for this information)

Name of Institution: _____ Phone No: () _____

Address: _____

Type of Account (Must be Checking OR Savings ONLY) _____

Please attach your voided check for verification purposes.

Account Number: _____

Bank Routing Number: _____

I authorize the Pension Plan of Plumbers and Steamfitters Local Union No. 422, to deposit with the financial institution noted above, for crediting to my account, any amounts due me from the Plan or to debit (or adjust) my account for any credit entered in error. I understand that pension payments are payable to me only during my lifetime. I, therefore, authorize and direct the bank designated herein to charge my account for any payment made after my death and to refund any such payment to the Pension Plan of Plumbers and Steamfitters Local Union No. 422. I understand this Direct Deposit Authorization shall remain valid until I notify the Fund Office in writing to the contrary.

Participant's Signature

Date