LOCAL UNION 831 EMPLOYER PENSION PLAN

P.O. Box 5528, El Monte, CA 91734-1528 Tel 626 279-3080 Fax 626 279-3010

Pension Benefit Direct Deposit/Debit Authorization

D. C. C. A. M.			a a v	
Recipient's Name:		Soc. Sec. No		
Home Mailing Address _			·····	
		Street Address		
City	State	Zip Code	()	
direct deposits which do the 10th of each mont SIGNATURES. Joint a I (we) authorize the Trus a written notice from me below. The Trust may	not process properly. In h to be effective for the counts should be in the state to credit my (our) account that it is terminated. I (our terminate this electronic delays that occur after the country that it is the country that i	the following mon names of the retired unt. This authorizat we) will send the w nic deposit arrange the funds have enter	cosit changes during the year and to reject thought be rejected. All requests must be received to the JOINT ACCOUNTS REQUIRE BOT a participant and legal spouse. The participant and legal spouse at the address of the pension Trust at the address of the electronic system are beyond the contract the contract and the spouse.	
I (we) authorize the Tru debit will only be made	st to debit my account to in the event that a corre to employee, or problem	o which direct deponential of the country with the accountry to the country with the accountry with the accountry to the country with the accountry wit	osits have been made. I (we) understand that made to the account (i.e. incorrect amount w nt). The maximum debit shall not exceed the	
Print Name of Member:			Soc. Sec. No.	
Print Name of Joint Acco	ount Holder:		Soc. Sec. No	
Signatures:				
Bank Representative ple	ase fill in this section:			
Bank Name:		Branch		
Address:	Ci	ity	StateZip	
Bank telephone number:	_()			
Routing number (9 dig	rits):		Bank Rep Initials	
Account number:				
Account type: [] ch	ecking [] savings			