

CONSTRUCTION LABORERS PENSION TRUST FOR SOUTHERN CALIFORNIA

Pension Benefit Direct Deposit/Debit Authorization

Retiree/benefit recipient fill in this section:

Recipient's Name: _____ Social Security No: _____ Telephone No: _____

Home Mailing Address: _____

Street

_____ / _____ / _____
City State Zip Code

The Laborers Pension Trust Fund (Trust) reserves the right to limit the number of direct deposit changes during the year and to reject those direct deposits which do not process properly. The first transaction for each new direct deposit will be a "Prenote", that is a zero amount transaction sent to test the system. Only after this test has been made will an actual deposit be sent. Incomplete forms will be rejected. **Joint accounts require both signatures.**

I (we) authorize the Trust to credit my (our) account. This authorization will remain in effect until the Trust receives written notice from me (or either of us) that it is terminated. I (we) will send the written notice to the Laborers Pension Trust Fund at the address below. The Trust may terminate this electronic deposit arrangement by sending me (or either of us) notice ten (10) days before termination. Problems or delays that occur after the funds have entered the electronic banking system are beyond the control of the Trust, and the Trust cannot be held responsible for them.

I (we) authorize the Trust to debit my (our) account to which direct deposits have been made. I (we) understand that debit will only be made in the event that a correction needs to be made to the account (i.e. Incorrect amount was deposited, overpayment to employee, or problem with the account). The maximum debit shall not exceed the amount required to correct the error or overpayment.

Printed Name: _____ Social Security No: _____

Printed Name: _____ Social Security No: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Bank Representatives fill in this section:

Bank Name: _____ Branch Name: _____

Address: _____ City: _____ State: _____ Zip _____

Bank Phone Number: _____

Routing Number (9 digits): _____

Account Number: _____

Account Type: Checking Savings

Bank Reps Initial

Return form to: 4399 Santa Anita Avenue, Suite 200, El Monte, CA 91731 Tel: (626) 279-3000 Fax: (626) 279-3010