

# INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 98 BENEFIT FUNDS

40 Hudson Drive, PO Box 1290, Southwick, MA 01028  
Telephone: (413)998-3230 Fax: (413)998-3249

HEALTH & WELFARE FUND  
PENSION FUND  
ANNUITY FUND  
J L M COOPERATIVE TRUST



Kara A. Richotte  
FUND ADMINISTRATOR

## DIRECT DEPOSIT AUTHORIZATION FORM

Direct deposits are processed on the 1<sup>st</sup> of the month (unless the 1<sup>st</sup> is on a weekend or a holiday then it is processed on the next business day). Please complete this form and return to the address above.

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **PLEASE ATTACH A VOIDED CHECK**

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Check One of the following: Checking Account \_\_\_\_\_ Savings Account \_\_\_\_\_

I hereby request that, until further written notice from me is received the I.U.O.E. Local 98 Pension Fund, all pension benefit payments be direct deposited into my account at the financial institution listed above. I acknowledge that the bank designated above has the right to refund any overpayment(s) made to me through my account to the Fund regardless of the reason for such overpayment(s).

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Office Use Only: Effective Date of Direct Deposit: \_\_\_\_\_