

## STATIONARY ENGINEERS LOCAL 39 TRUST FUNDS

4160 Dublin Blvd, Suite 400 \* Dublin, CA 94568 Phone: (925) 208-2280 \* Toll Free: (800) 622-0547 \* Fax: (925) 833-7301

www.Local39Benefits.org \* 139pension@hsba.com

## DIRECT DEPOSIT REQUEST

Account Information  SELECT ONE: Checking Account OR Savings Account  Bank Name:  Routing Number: Account Number:  *ATTACH A COPY OF A VOIDED CHECK OR SAVINGS DEPOSIT SLIP*  As benefit payments become due to me from the Pension Plan, I authorize the Administrative Office to pay by directing electronic transfer of funds, (or if not available, by direct mail of a check) to the order of the above-named financial institution for credit to my account. I authorize said financial institution to refund amount equal to any payments which become due after my death that have been credited to my account or to charge the account accordingly. I reserve the right to cancel this authorization and direction by giving written notice to the Administrative Office.			SSN :
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Bank Name:    Account Number:   Account Number:			
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