

UNITED FOOD AND COMMERCIAL WORKERS UNION LOCAL 152 RETAIL MEAT PENSION FUND

Brian String, Chairman

Daniel Dosenbach, Secretary

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AUTOMATIC DIRECT DEPOSIT FORM

PLEASE PRINT AND COMPLETE THE ENTIRE FORM

I hereby authorize the **UFCW Local 152 Retail Meat Pension Fund / Independent Packing Houses** to initiate credit entries to the financial institution named below (hereinafter called "Bank") and for such Bank to credit same to my account.

Upon my death, my executor or administrators shall pay to the Retail Meat Pension Fund / Independent Packing Houses from my estate the amount of any erroneous overpayments collected by the Bank which were not payable because they were issued after my death, or were otherwise paid in error.

Pensioner's Name: _____

Social Security #: _____ Telephone #: _____

Mailing Address: _____

AUTHORIZATION FOR AUTOMATIC DIRECT DEPOSIT

Direct Deposit will be effective approximately two (2) months from the date this form is received in the Fund office. Benefits will always be posted the first business day of the month.

Name of Bank: _____ Telephone No: _____

Bank Address: _____

City: _____ State: _____ Zip Code: _____

Your Account Number: _____ (see your bank for this information)

Bank Transit / ABA Number: _____ (see your bank for the 9 digit number)

Type of Account (check only one): Checking _____ Savings _____

By signing below, I authorize my Direct Deposit information to remain in full force and in effect until the Pension Fund has received written notification from me of its termination in such time and in such matter as to afford the Pension Fund a reasonable opportunity to act upon it, or until otherwise terminated by the Pension Fund.

Pensioner's Signature _____ Date _____

(If applicable, please provide a copy of the Guardian or Power of Attorney documents)

Local 152 Retail Meat () Independent Packing () Change of Address ()