

DIRECT DEPOSIT FORM



UA LOCAL 13 PENSION FUND
RETIREMENT BENEFIT ACCOUNT
1850 MT READ BLVD, ROCHESTER, NY 14615
(585) 338-2310

I, THE UNDERSIGNED PAYEE UNDER THE UA LOCAL 13 PENSION FUND PLAN, HEREBY REQUEST THAT BEGINNING WITH THE FIRST PAYMENT DUE TO ME AFTER RECEIPT OF THIS NOTICE AND CONTINUING UNTIL FURTHER NOTICE FROM ME IN WRITING TO THE UA LOCAL 13 PENSION FUND, ALL PENSION BENEFITS BE DEPOSITED TO MY/OUR ACCOUNT WITH:

NAME OF BANK

PRINT NAME OF PAYEE

SIGNATURE OF PAYEE

SIGNATURE OF SPOUSE

REQUIRED: ATTACH A VOIDED CHECK OR DOCUMENT ON BANK LETTERHEAD
WITH THE CORRECT ROUTING NUMBER AND ACCOUNT NUMBER

ROUTING NUMBER _____

ACCOUNT NUMBER _____

CHECKING OR SAVINGS

(CIRCLE ONE)

