

**New Jersey Building Laborers Statewide Benefit Funds**  
**485 US-1, Building B, Suite B401, Iselin, NJ 08830**  
**Main: (201) 963-0633 - Toll Free: (866) 999-0300 - Fax: (201) 963-1563**

**APPLICATION FOR ELECTRONIC DIRECT DEPOSIT**

PLEASE SELECT ONE OR MORE FUNDS:

PENSION FUND \_\_\_\_\_ MEDICARE FUND \_\_\_\_\_ ANNUITY FUND \_\_\_\_\_  
(only for monthly Annuity distributions)

MEMBER *or* BENEFICIARY NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

MEMBER *or* BENEFICIARY SOCIAL SECURITY NUMBER: \_\_\_\_\_

**\*\*PLEASE INCLUDE A VOIDED CHECK OR OTHER BANK DOCUMENTATION LISTING YOUR NAME AS THE ACCOUNT HOLDER\*\***

I hereby authorize the New Jersey Building Laborers Statewide Benefit Funds to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entry errors to my:

CHECKING ACCOUNT \_\_\_\_\_ SAVINGS ACCOUNT \_\_\_\_\_

Held at the depository named below, hereinafter called Depository, to credit and/or debit the same to such account.

DEPOSITORY (BANK NAME): \_\_\_\_\_ BRANCH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ ROUTING NUMBER: \_\_\_\_\_

\*\*TELEPHONE NUMBER WHERE WE CAN CONTACT YOU IF WE HAVE A QUESTION ABOUT THE ABOVE INFORMATION: \_\_\_\_\_

MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_