

**LOCAL 807 LABOR MANAGEMENT
HEALTH & PENSION FUNDS**

Tel (718) 274-5353 32- 43 49th Street, Long Island City, New York 11103 Fax (718) 956-3420
Pension Department Email: nancy@local807healthfund.org or lorena@local807healthfund.org

UNION TRUSTEES
DEMOS DEMOPOULOS
ANTHONY STORZ

FUND MANAGER
SEAN BOYLE

EMPLOYER TRUSTEES
ROBERT HOLDEN
SCOTT LITTLE
PETER INGRAM

**DIRECT DEPOSIT OF PENSION BENEFIT AUTHORIZATION
TO: Local 807 Labor-Management Pension Fund**

I authorize you to deposit **the net amount** (check amount) of my monthly Pension Benefit automatically into the account specified below, each month by initiating credit entries to my account electronically or by any other commercially accepted method. I authorize the financial institution named below to credit the same to my account. If funds to which I am not entitled are deposited to my account, I authorize you to direct the financial institution to return said funds by any such method and I authorize the financial institution to debit the same to my account. This authority will remain in effect until you have received written notice from me of its cancellation in such time and manner as to afford you and the financial institution a reasonable opportunity to act on it.

Please attach a voided check (we do not accept starter checks) to this Authorization (for checking account) or

Bank verification (on bank letterhead) of Name on Account, Account Number, and Routing Number (for savings account or checking account)

Name of Pensioners Bank

Pensioners Name (please print)

Bank Branch Address

Pensioners Social Security #

City, State Zip Code

Pensioners Signature Date

Bank Account Title (Name on the Pensioners Bank Account)

Nine Digit Transit Routing Number: _____

Confirm with your Bank

Type of Account: _____ Checking _____ Savings

Bank Account Number _____

Confirm with your Bank

PLEASE WRITE ALL NUMBERS CAREFULLY (example) 1 2 3 4 5 6 7 8 9 0

PENSIONERS TELEPHONE # _____

PENSIONERS EMAIL: _____