

UNITED FOOD AND COMMERCIAL WORKERS UNIONS AND EMPLOYERS MIDWEST PENSION FUND

9801 West Higgins Road, Suite 500 • Rosemont, Illinois 60018-4740
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Request for Electronic Transfer (Direct Deposit) of Pension Benefit

Complete and mail this form to the Pension Office along with a voided check.

I request that my monthly pension benefit be electronically deposited directly into the bank account identified below.

I understand that pension benefits are payable to me only during my lifetime. I, therefore, authorize and direct the bank designated herein to charge my account for any payment made after my death and to refund any such payment to the United Food and Commercial Workers Unions and Employers Midwest Pension Fund.

I understand that Direct Deposit shall remain valid until I notify the Pension Office in writing to the contrary.

Name _____

Address _____

Social Security # (last 4 digits) _____ Area Code/Phone _____

Type of Account checking or savings Account Number _____

Bank's 9-digit Routing Number _____

Bank Name _____

City & State _____ Area Code/Phone _____

SIGNATURE _____ Date _____

— Please notify the Pension Office **IMMEDIATELY** when any information changes —