



**The Building Trades United Pension Trust Fund**

500 Elm Grove Road, Room 300 \* Elm Grove, Wisconsin 53122-0530

**DIRECT BENEFIT PAYMENTS**

This form must be completed so your monthly benefits can be deposited directly into your account. You should:

- 1.) Complete Part A
- 2.) Have Part B completed BY YOUR FINANCIAL INSTITUTION
- 3.) Return this form to the Pension Fund Office

**PART A**

I hereby authorize you to deposit to my account as described herein, all benefits I am entitled to from the Building Trades United Pension Trust Fund. I understand I will not get a separate notice confirming the deposit from the Fund. This authorization will remain in effect until revoked by me in writing, and until you receive such revocation, you shall sustain no liability for honoring such deposits.

NAME \_\_\_\_\_ SS # \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PART B**

*(Must be completed by Receiving Institution)*

NAME OF FINANCIAL INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_

ACH ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

TYPE OF ACCOUNT       SAVINGS       CHECKING

IS THIS A JOINT ACCOUNT:     YES     NO

If **YES**, please list the name(s) of the other account holder(s):

\_\_\_\_\_

As a member of the ACH Direct Deposit System, this institution will accept deposits to the above mentioned account from the Building Trades United Pension Trust Fund.

In the event of the above-named account holder's death, no further deposits made in his or her name will be accepted. If the account is not closed at the time of the above-named account holder's death, any deposits made by the Building Trades United Pension Trust Fund after death will be returned to the Trustees.

SIGNATURE OF AUTHORIZED PERSON \_\_\_\_\_

TITLE \_\_\_\_\_

101804      DATE \_\_\_\_\_