



DIRECT DEPOSIT OF BENEFIT PAYMENTS

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

1. Complete Part A.
2. Complete Part B. (If you are unsure of either your routing number or account number, please have your financial institution complete Part B.)
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# _____

Address _____

Signature _____ Date _____

PART B

Name of Financial Institution _____

Address of Financial Institution _____

Account Number _____

Routing Number _____
(Must be 9 digits)

What type of account is this? (select one) ☐ SAVINGS ☐ CHECKING

Is this a joint account? ☐ YES ☐ NO

If this is a joint account, please
list the name(s) of the other
account holder(s) _____

The Building Trades United Pension Trust Fund
P.O. Box 530 • 500 Elm Grove Road, Room 300 • Elm Grove, Wisconsin 53122-0530
(262) 784-7880 • (800) 433-8570 • FAX (262) 784-8598
email: btuptfbenefits@wilson-mcshane.com www.thepensionfund.com