LOCAL 467 ELECTRONIC FUNDS TRANSFER REQUEST

Please attach voided check here.

	NAME: SS#: ADDRESS:
	TELEPHONE #:
	I request that my pension benefit check be deposited electronically into:
	Checking Account #
	Savings Account #
I agree	e with and understand the following:
(A)	This Direct Deposit request is to remain in effect until written notification is given to the plan office or the plan office no longer offers Direct Deposit via <i>Electronic Funds Transfer</i> .
(B)	It is my responsibility to provide any bank changes (account #, name, or address) to the plan office to assure timely receipt of my benefit.
(C)	If my home address changes, I will advise the plan office of the changes in writing.
(D)	There will be a transaction reversal for any amount deposited into my account that I am not entitled to receive.
Signa	ture: Date:
For office	ce use only: Change CA/Nacha Screen Delete