

I.B.E.W. LOCAL 332 PENSION TRUST FUND
ADMINISTRATIVE OFFICES
P.O. BOX 5057, SAN JOSE, CA 95150-5057
(408) 288-4559

LOCAL 332- PENSIONER ELECTRONIC FUNDS TRANSFER FORM

Please attach voided check here.

NAME: _____

SS #: _____

ADDRESS: _____

TELEPHONE #: _____

Checking Account # _____
OR (INCLUDE A VOIDED CHECK)

Savings Account # _____
(INCLUDE A VOIDED DEPOSIT SLIP)

I agree with and understand the following:

- (A) This Electronic Funds Transfer information is to remain in effect unless a written notification of a change in institution is given to the Plan or the Plan no longer offers Direct Deposit via Electronic Funds Transfer.
- (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 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.

Signature _____ Date _____

For office use only: () Add () CA
 () Change () CA/Nacha Screen
 () Delete