BAY AREA PAINTERS AND TAPERS
Pension and annuity trust funds

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NORTHERN CALIFORNIA **PAINTING & FINISHING** CONTRACTORS

WACA WALL AND CEILING ALLIANCE

PENSION BENEFIT ELECTRONIC FUND TRANSFER REQUEST

- You **MUST** enclose a **voided check** for checking accounts **OR** a **savings deposit slip** for savings accounts.
- This form **MUST** be **signed and dated.**
- It may take up to 4-6 weeks to process your EFT, during which time your check will be mailed to your home address.
- Please be advised that this office **cannot** send funds to foreign banks.

If you have any questions, please contact the Trust Fund Office at the phone number indicated above.

ACCOUNT INFORMATION

SELECT ONE: [ ] Checking Account _**OR**_ [ ] Savings Account

Bank Name: _____ Bank Phone Number: _____

Branch Address: _____

Routing Number: _____ Account Number: _____

Joe Smith
1234 Anystreet Court
Anycity, AA 12345   1234

Pay to the order of _____

_____ Dollars

Bank Anywhere

|: 123456789 |: 123456789123 ||: 1234

Routing Number   Account Number   Check Number

As benefit payments become due to me from the Pension Plan, I authorize the Pension Plan Administrative Office to pay by directing the electronic transfer of funds, (or if not available, by direct mail of a check) to the order of the above-named financial institution for credit to my account. I authorize said financial institution to refund an amount equal to any payments which become due after my death that have been credited to my account or to charge the account accordingly. I reserve the right to cancel this authorization and direction by giving written notice to the Pension Plan Administrative Office.

I will notify the Pension Plan Administrative Office in writing regarding a change in permanent residence and advise, at that time, if checks are to continue to be sent to the financial institution named above.

Name: _____ Social Security Number: _____

Address: _____

Email Address: _____

Telephone Number: _____ [ ] **Check this box if address is new**

Signature: _____ Date: _____