

PACIFIC COAST ROOFERS PENSION PLAN STOP PENSIONER ELECTRONIC FUNDS TRANSFER REQUEST

NAME: _____

SS#: _____

ADDRESS: _____

TELEPHONE #: _____

I request that my pension benefit check IMMEDIATELY cease to be electronically deposited into:

BANK NAME: _____

TYPE OF ACCOUNT: Checking Account Savings Account

ACCT # _____

ROUTING # _____

I agree with and understand the following:

- (A) My Direct Deposit has been cancelled and I now request my Pension Check to be mailed to my home address referenced above.
- (B) This request to stop my Direct Deposit is to remain in effect until written notification is given to the plan office or the plan office requires Direct Deposit via **Electronic Funds Transfer**.
- (C) It is my responsibility to request any changes in the future (to re-start Direct Deposit) o the plan office to assure timely receipt of my benefit.
- (D) If my address changes, I will advise the plan office of the changes in writing to assure timely receipt of my benefit.

Signature: _____

Date: _____

For office use only:

<input type="checkbox"/>	Add	<input type="checkbox"/>	CA
<input type="checkbox"/>	Change	<input type="checkbox"/>	CA/EFT
<input type="checkbox"/>	Delete	<input type="checkbox"/>	EFT