

PACIFIC COAST ROOFERS PENSION PLAN
PENSIONER 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# _____

Bank Routing# _____

I agree 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 Electronic Funds Transfer
- (B) It is my responsibility to provide any bank changes (account #, name or address) to the plan office to ensure 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.

Signature: _____

Date: _____