

SACRAMENTO AREA ELECTRICAL WORKERS TRUST FUNDS
ELECTRONIC FUNDS TRANSFER (EFT) APPLICATION

Please attach voided check here.

RETIREE NAME: _____

RETIREE SS#: _____

ADDRESS: _____

TELEPHONE #: _____

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

Checking Account # _____

Savings Account # _____

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 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.

Signature: _____

Date: _____

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