

ACH DIRECT DEPOSIT AUTHORIZATION

I authorize the **United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan**, to deposit with the financial institution noted below, for crediting to my account, any amounts due me from the Plan, to debit or adjust my account for any credit entered in error. I understand that pension payments are payable to me only during my lifetime. I, therefore, authorize and direct the bank designated herein to charge my account for any payment made after my death and to refund any such payment to the United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Fund. I understand this Direct Deposit Authorization shall remain valid until I notify the Pension Office in writing to the contrary.

Is this a Joint Account? _____ Yes _____ No **If yes, both parties of the account must sign this document.**

Date	Name	Financial Institution Name
Social Security Number	Financial Address	Financial City, State, Zip Code
Routing Number (9 digit)	Account Number	Checking Account Saving Account

Member's signature

Joint Account Holder's signature

ATTACH YOUR VOIDED CHECK

****** If you do not give us a voided check we will need the
Financial institution's routing number and your account number.***

**PLEASE MAIL FORM BACK TO: UFCW Local 655 Pension Fund
300 Weidman Road
Ballwin, MO 63011**