LOCAL 463 PENSION Direct Deposit Application Form

ast Name	First Name	Social Se	ecurity#		Date of Birt
ddress				()	
iity		State	Zip Code	Phone	
-Mail Address:					
below each month be commercially accept same to my account. authorize you to dire authorize the financi remain in effect until and manner as to aff NOTE: Pensioners retirement benessavings accounts (PLEASE PRINT)	posit my net pension pay y initiating credit entries ed methods. I authorize If funds to which I am n ct the financial institutio al institution to debit the you have received writte ord you and the institutio who will be using a che efits must attach a (VO c, please be sure to sup Checking:	to my accou the financial ot entitled a n to return s same from en notice fro on a reasona ecking acco IDED CHECI oply the pro	nt electronical institution name deposited in aid funds by a my account. In me of its call ble opportunity and sign between account	Ily or by other med below into my according such met This authority ancellation in ity to act on ity	er to credit the unt, I hod, and I y will such time it. f monthly s is for a
(ALL	APPLICANTS MUST S	IGN HERE I	N INK TO B	E VALID)	
X					
Member's Signature			Date Signed		

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