

NORTHERN CALIFORNIA ELECTRICAL WORKERS PENSION TRUST  
720 MARKET STREET, SUITE 700  
SAN FRANCISCO, CA 94102  
PHONE (415) 263-3670

## DEFINED BENEFIT PLAN ELECTRONIC DEPOSIT REQUEST

Pensioner Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

*Please deposit my benefit check into my account as follows:*

Name of Financial Institution: \_\_\_\_\_

Routing or 'ABA' Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_ *OR*

Savings Account Number \_\_\_\_\_

**Attach Voided Check Here**

(FROM THE ACCOUNT IN WHICH YOU WANT YOUR BENEFIT DEPOSITED)

**PLEASE NOTE: the deposit slip does not always include the nine digit bank routing number that we MUST have in order to complete electronic transfers. Therefore, we insist you provide a voided check rather than a deposit slip. However, if you are requesting deposit to a savings account, a deposit slip will be accepted. You should check with your financial institution to make sure your deposit slip includes the correct routing number for electronic deposits.**

By signing below, I signify that I understand and agree to the following:

1. 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.
2. It is my responsibility to provide any bank changes (account number, name, or address) to the plan office to assure timely receipt of my benefit.
3. If my home address changes, I will advise the plan office of the change in writing.
4. There will be a transaction reversal for any amount deposited into my account that I am not entitled to receive.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Return to: 720 MARKET STREET, SUITE 700, SAN FRANCISCO, CA 94102  
PHONE (415) 263-3670