

**SAN FRANCISCO ELECTRICAL WORKERS RETIREMENT SAVINGS PLAN
720 MARKET ST., SUITE 700, SAN FRANCISCO, CA 94102
(415) 263-3670**

DIRECT DEPOSIT REQUEST

Participant's Name: _____ Social Security#: _____

Address: _____

Telephone Number: (____) _____

Please deposit my benefit check into my account as follows:

Name of Financial Institution: _____

____ 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 understand and agree to the following:

1. This Direct Deposit request is to remain in effect until written notice of revocation is given by me to the plan office or the plan office no longer offers Direct Deposit via Electronic Funds Transfer.
2. It is my responsibility to provide the plan office with any bank information changes (account number, name or address) in order 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 ST., SUITE 700
SAN FRANCISCO, CA 94102
(415) 263-3670**