

MASSACHUSETTS LABORERS' PENSION FUND

Mail To: P O BOX 1501, Burlington, Massachusetts 01803
Telephone (781) 272-1000 • Toll Free (800) 342-3792 • Fax (781) 272-2226

DIRECT DEPOSIT AUTHORIZATION FORM ELECTRONIC TRANSFER TO YOUR BANK ACCOUNT

I hereby authorize the Massachusetts Laborers' Pension Fund, hereafter called the "Fund", to initiate direct deposit credit entries to my account at the bank named below, hereafter called the "Bank", and to credit the same account. *Changes* in Direct deposit must be submitted by the first week of a month to apply to the following month.

NAME OF BANK: _____

Address: _____
Street City State Zip

BANK TEL # _____ EXT. _____

ROUTING # _____ ACCOUNT # _____

⇒ Please select one: () Checking () Savings

The first check is sent to the member by mail, thereafter by direct deposit. You may request your banker forward this information by **faxing this form to our office**. Be sure to identify whether it is a checking account or savings account. If this is a checking account, please include a voided check from your account. As an alternative, you may simply use a smartphone to photo and email a check with their request.

This authorization is to remain in full force and effect until the "Fund" has received **WRITTEN** notification from me of its termination. Notification shall be in such time and in such manner as to afford the "Fund" and "Bank" reasonable opportunity to act on it. Also, changing a bank account may take two months, as we test an account prior to transferring funds.

MEMBER Soc. Sec. # _____ TEL# _____

Your Social, if a beneficiary: _____ TEL# _____

Current Mailing Address: _____
Street City State ZIP

RECIPIENT
SIGNATURE: _____ DATE: _____

NOTE: [You must alert the Fund Office to any future change of address](#), even with direct deposit. **Tax forms** and announcements are sent to the address on file; forwarding orders with the post office are valid only for three months.