

**PACIFIC COAST ROOFERS PENSION PLAN  
PENSIONER ELECTRONIC FUNDS TRANSFER REQUEST**

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*Please attach voided check here.*

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**NAME:** \_\_\_\_\_

**SS#:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_

I request that my pension benefit check be deposited electronically into:

**Checking Account #** \_\_\_\_\_

**Savings Account #** \_\_\_\_\_

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I agree with and understand the following:

- (A) 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**.
- (B) It is my responsibility to provide any bank changes (account #, name, or address) to the plan office to assure timely receipt of my benefit.
- (C) If my home address changes, I will advise the plan office of the changes in writing.
- (D) There will be a transaction reversal for any amount deposited into my account that I am not entitled to receive.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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For office use only:

<input type="checkbox"/>	Add	<input type="checkbox"/>	CA
<input type="checkbox"/>	Change	<input type="checkbox"/>	CA/Nacha Screen
<input type="checkbox"/>	Delete		