

## Enrollment for Pension Payment by Electronic Funds Transfer

I authorize the UMWA 1974 Pension Plan and the financial institution listed below to deposit my pension payment electronically into my account each month. If monies to which I am not entitled are deposited into my account, I authorize the Plan to direct my financial institution to return said funds. This authority will remain in effect until I have cancelled it in writing.

Name \_\_\_\_\_ Financial Institution \_\_\_\_\_

Payee Social Security Number \_\_\_\_\_ Branch Address \_\_\_\_\_

Mine Worker SSN \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
*(if different than Payee SSN above)*

Payee Street Address: \_\_\_\_\_  
City State Zip

( ) \_\_\_\_\_  
(Area Code) Phone Number  Checking  Savings  
*(Check one type of account)*

Signature \_\_\_\_\_  
Date \_\_\_\_\_

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

( ) \_\_\_\_\_  
Bank Phone Number

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Transit Routing Number (ABA\*)

**ATTACH VOIDED PERSONAL  
CHECK OR DEPOSIT SLIP HERE**

