

## 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 (required)

Branch Address

Mine Worker SSN  
(if different than Payee SSN above)

City, State, Zip

Payee Street Address:

City

State

Zip

( )  
(Area Code) Phone Number

☐ Checking ☐ Savings  
(Check one type of account)

Signature (required)

Account Number

Date

( )  
Bank Phone Number

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Transit Routing Number (ABA\*)

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

