UFCW LOCAL 360

48 STILES LANE SUITE #204
PINE BROOK, NJ 07058

ELECTRONIC DIRECT DEPOSIT AUTHORIZATION

Complete form and return in the envelope provided

Name: **Social Security #**

Address:

City: **State:** **Zip:**

Account type: ☐ Checking ☐ Savings ☐ Other

*****To avoid delays in processing **please** include a canceled check or verify your account information is accurate with your financial institution before submitting.*

ABA ROUTING NUMBER
(MUST BE 9 NUMBERS)

ACCOUNT NUMBER
(NO MORE THAN 17 NUMBERS)

FINANCIAL INSTITUTION INFORMATION

BANK NAME:

BANK MAILING ADDRESS:

BANK CITY, STATE & ZIP:

AUTHORZATION

This authorizes the **LOCAL 360 LABOR-MANAGEMENT PENSION FUND** (the **"Fund"**) to send credit entries (and appropriate debit & adjustment entries), electronically or by any other commercially accepted method, to the account indicated above and to other accounts I identify in the future (the **"Account"**). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. laws. This authorization will be in effect until the Fund receives a written termination notice from myself and has a reasonable opportunity to act on it.

Pension Recipient Signature: Date:

If Applicable, print name of Power of Attorney: