

**SEIU LOCAL 32 BJ DISTRICT 36 PENSION FUNDS
1515 Market St. Suite 1020, Philadelphia, PA 19102
AUTHORIZATION REQUEST FOR DIRECT DEPOSIT
PERIODIC BENEFIT PAYMENTS**

I/We hereby authorize the direct deposit by SEIU Local 32 BJ, District 36 Pension Funds of my benefit payments into either my checking/savings account to the Financial Institution shown below. I/We further authorize the refund of any deposits made following the benefit recipient=s death up to the limit of the account balance.

I/We, the owner(s) of the said checking/savings account, will return to SEIU Local 32BJ, District 36 Pension Funds, the full amount of any excess benefit deposits made but unrecoverable from the named account. This agreement is also binding on our heirs, assigns and estate.

RETIREE DATA

Name _____ Social Security# _____

Address _____ PHONE NUMBER _____

City _____ State _____ Zip Code _____

Circle Account Type: Checking or Savings Bank Account# _____

_____/_____
Retiree's Signature if Joint Account must be signed by both Owners _____ Date

In lieu of completion by your bank, you may attach a personal check marked VOID to this form. Deposit slips are not acceptable.

BANK/FINANCIAL INSTITUTION DATA

Financial Institution Name _____

Address _____

City _____ State _____ Zip Code _____

Routing # (9 digits required) _____ (If routing number not supplied, check will be mailed directly to the bank)

FINANCIAL INSTITUTION'S AUTHORIZED SIGNATURE (BANK OFFICER) _____ DATE / PHONE NUMBER

THIS FORM MUST BE RECEIVED BY THE 10TH OF THE MONTH TO PROCESS THE NEXT MONTHLY PAYMENT

DIRECT DEPOSIT FORMS CAN BE FAXED DIRECTLY TO THE FUND OFFICE AT **215/568-7983** or you can email directly to the Pension Supervisor, Maria Grillo at mgrillo@seiu36.com

IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM, PLEASE CALL THE PENSION DEPARTMENT AT 215/568-3262

DIRECT DEPOSIT BENEFIT PAYMENTS PAYABLE ON THE FIRST DAY OF THE MONTH MAY NOT BE AVAILABLE FOR WITHDRAWAL UNTIL THE FIRST BUSINESS DAY OF THE MONTH