

BUFFALO LABORERS' WELFARE FUND
25 Tyrol Drive, Suite 200, Cheektowaga, NY 14227

ELECTRONIC TRANSFER REQUEST – WELFARE BENEFITS

PARTICIPANT'S NAME: _____

PARTICIPANT'S SOCIAL SECURITY NUMBER: _____ - _____ - _____

In order to process your request for direct deposit, the Buffalo Laborers' Welfare Fund Office will require the following information:

BANKING FACILITY: _____

BANK PHONE NUMBER: _____

TYPE OF ACCOUNT: _____ CHECKING _____ SAVINGS

ACCOUNT NUMBER: _____

ROUTING NUMBER: _____

PLEASE ATTACH A CANCELLED CHECK OR PRE-PRINTED BANK DEPOSIT SLIP FOR VERIFICATION OF YOUR ACCOUNT NUMBER AND ROUTING NUMBER PROVIDED ABOVE

I hereby authorize to have ALL of my welfare benefits, including medical reimbursements, vacation and supplemental unemployment benefits, directly deposited to the above account and understand that I may only receive my benefits in the form of direct deposit unless I cancel this agreement.

PARTICIPANT'S SIGNATURE

DATE

WITNESS:

NOTARY OR BENEFIT PLAN REPRESENTATIVE

DATE

*****FOR FUND PURPOSES ONLY*****

EFFECTIVE DATE OF DIRECT DEPOSIT: _____

PROCESSOR'S INITIALS: _____

REVIEWER'S INITIALS: _____