

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

ELECTRONIC TRANSFER REQUEST – MONTHLY PENSION BENEFIT
Direct Deposit available for Pensioners Only

Participants Name: _____

Participants Social Security Number: _____

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

Banking Facility: _____

Bank Address: _____

Bank Phone Number: _____

Type of Account: _____ Checking _____ Savings

Account Number: _____

Routing Number: _____

I hereby authorize my monthly pension check to be directly deposited to the above account:

Participant's Signature

Date

Witness:

Benefit Plan Representative or Notary

Date

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

DATE PRENOTE PROCESSED: _____

EFFECTIVE DATE OF DIRECT DEPOSIT: _____

PROCESSOR'S INITIALS: _____