



DAIRY INDUSTRY

UNION PENSION PLAN FOR PHILADELPHIA AND VICINITY

P.O. Box 99 • COLLINGSWOOD, NJ 08108

Direct Deposit Authorization

You're giving permission to the **Teamsters Dairy Industry Union Pension Plan** to send your monthly pension payments directly to your **bank account**.

What You Need to Do:

- Fill out your **bank's name and account information on the reverse side of this form.**
- Attach **one of the following**:
 - A **voided check** (write "VOID" across a blank check),
 - Or a **letter from your bank** that includes your name, account number, and routing number.
 This letter must be printed on **official bank stationery** (with the bank's name and logo at the top).

What to Expect:

- It may take **about a month** for your direct deposit to start.
- Your **first pension check** after signing this form will be **mailed to your home**.
- After that, your pension will be **deposited into your bank account on the first business day of each month**.

 **Example:** If the month starts on a Saturday, your deposit will arrive on **Monday, the 3rd**, since that's the first business day.

Important Note:

If you pass away, any pension money sent to your account **by mistake** after your death must be returned to the Pension Fund by your family or estate.



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**TEAMSTERS DAIRY INDUSTRY UNION PENSION PLAN
DIRECT DEPOSIT AUTHORIZATION FORM**

Personal Information

Full Name: _____

Last 4 Digits of SSN: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____

Email Address: _____

Bank Information

Name of Bank or Credit Union: _____

Bank Phone Number: _____

Routing Number (9 digits): _____

Account Number: _____

Type of Account: ☐ Checking ☐ Savings

Authorization Statement

I authorize the Teamsters Pension Fund to deposit my pension payments directly into the account listed above. I understand that my first payment after this change will be mailed to my home address, and future payments will be deposited on the first business day of each month.

Signature

Signature: _____ Date: _____