

**ROAD CARRIERS LOCAL 707 PENSION FUND**  
14 FRONT STREET, STE. 301 - HEMPSTEAD, NY 11550  
(516) 560-8500 - FAX (516) 486-7375

**PLEASE NOTE**

**IF YOU DECIDE NOT TO SIGN UP FOR DIRECT DEPOSIT, YOU WILL BE CHARGED A \$10.00 ADMINISTRATIVE FEE PER MONTH TO RECEIVE A PAPER CHECK. THIS AMOUNT WILL BE DEDUCTED AUTOMATICALLY FROM YOUR MONTHLY PENSION BENEFIT CHECK!**

**Direct Deposit Authorization**

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Home Address (Number, Street, City, State and Zip Code)

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Retirement Date

Is this a new address?     Yes     No

Please indicate if this is a  New Enrollment or  Change in Financial Institution or Account.

I hereby authorize Road Carriers Local 707 Pension Fund to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (and my spouse's, if applicable) account listed below.

\_\_\_\_\_  
Financial Institution's Name

\_\_\_\_\_  
Location (City/State)

\_\_\_\_\_  
Bank Telephone Number

Checking\*  Savings

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Transit Routing Number/ABA (Series of numbers prior to account number located at bottom left corner of check)

**\* If a checking account, please attach a blank voided personal check\***

This authority will remain in effect until I am no longer eligible for direct deposit or until the Road Carriers Local 707 Pension Fund has received written notification from me (or my spouse, if applicable) of its termination. Written notification must be received in such timely manner as to afford Road Carriers Local 707 Pension Fund and the Financial Institution a reasonable opportunity to act upon it.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (if joint account)

\_\_\_\_\_  
Date

**PLEASE INFORM THE PENSION FUND IN WRITING OF ANY CHANGES TO YOUR ACCOUNT.**