

## RESILIENT FLOOR COVERING PENSION TRUST FUND

4160 Dublin Boulevard, Suite 100  
Dublin, CA 94568-7756  
Phone: (800) 782-0010 \* Fax: (925) 833-7301  
Email: [Resilientinfo@hsba.com](mailto:Resilientinfo@hsba.com)  
[www.resilientfloortrust.org](http://www.resilientfloortrust.org)



### PENSION BENEFIT ELECTRONIC FUND TRANSFER REQUEST

- You **MUST** enclose a **voided check** for checking accounts **OR** a **savings deposit slip** for savings accounts.
- This form **MUST** be **signed and dated**.
- It may take up to 4-6 weeks to process your EFT, during which time your check will be mailed to your home address.
- Please be advised that this office **cannot** send funds to foreign banks.

If you have any questions, please contact the Trust Fund Office at the phone number indicated above.

#### ACCOUNT INFORMATION

SELECT ONE:

☐

Checking Account

OR

☐

Savings Account

Bank Name: \_\_\_\_\_ Bank Phone Number: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Joe Smith 1234  
1234 Anystreet Court  
Anycity, AA 12345 1234

Pay to the order of \_\_\_\_\_ Dollars

Bank Anywhere

123456789 123456789123 1234

Routing Number Account Number Check Number

As benefit payments become due to me from the Pension Plan, I authorize the Pension Plan Administrative Office to pay by directing the electronic transfer of funds, (or if not available, by direct mail of a check) to the order of the above-named financial institution for credit to my account. I authorize said financial institution to refund an amount equal to any payments which become due after my death that have been credited to my account or to charge the account accordingly. I reserve the right to cancel this authorization and direction by giving written notice to the Pension Plan Administrative Office.

I will notify the Pension Plan Administrative Office in writing regarding a change in permanent residence and advise, at that time, if checks are to continue to be sent to the financial institution named above.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ ☐ Check this box if address is new

Signature: \_\_\_\_\_ Date: \_\_\_\_\_