

RESILIENT FLOOR COVERING PENSION TRUST FUND

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PENSION BENEFIT ELECTRONIC FUND TRANSFER REQUEST

ACCOUNT INFORMATION

Select one: ☐ Checking Account ☐ Savings Account

Please note: For your request to be completed, you **must** include a **voided check in your name AND a valid copy of your government issued ID**. *If you do not have checks, you may provide a preprinted document from your bank showing your name, address, account number and routing number.*

Please be advised that this office **CANNOT** send funds to foreign banks.

Bank Name: _____ Bank Phone Number: _____

Branch Address: _____

Routing Number: _____ Account Number: _____

Jane Doe
123 Main Street
Location, Place 12345

DATE _____ 123

PAY TO THE ORDER OF _____ \$ _____

FOR _____ DOLLAR

SAMPLE

1:000123456 1:000123456789 1:123

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: _____ SSN: _____

Address: _____

☐ Check this box if this is a new address

Phone Number: (_____) _____

Email Address: _____

Signature: _____ Date: _____