

RETAIL FOOD EMPLOYERS AND UFCW LOCAL 711 PENSION TRUST FUND

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JAS, Inc.
Administrator

AUTHORIZATION FOR DIRECT BANK DEPOSIT

Retiree / Payee full name: _____

Social Security Number: _____

Address: _____

City, State, Zip: _____

Phone: (____) _____

I hereby authorize U.S. Bank, Payer for the Retail Food Employers and UFCW Local 711 Pension Trust Fund, to credit my (select one): Checking or Savings for the amount indicated by the Pension Trust Fund.

This authority is to remain in effect until U.S. Bank has received written notification from myself to terminate the deposit arrangement. I understand and agree that I must give U.S. Bank advance notice when establishing a direct deposit arrangement or making a change to an existing direct deposit arrangement. This request will be effective the 2nd month following its receipt.

Retiree / Payee Signature

Date

Please complete the following information or attach a voided check. Not all deposit slips have a correct routing numbers so please use a voided check.

Bank Name: _____

Bank Branch: _____

Address: _____

City, State, Zip: _____

Phone: (____) _____

Routing Number: _____

Retiree (Payee) Bank Account Number: _____

FOR OFFICE USE ONLY

GROSS \$ _____ TAX \$(_____) MEDICAL \$(_____) NET \$ _____