

WESTCHESTER, PUTNAM AND DUTCHESS COUNTIES, N.Y.

TEAMSTERS ALLIED BENEFIT FUNDS

160 SOUTH CENTRAL AVENUE • ELMSFORD, NY 10523 • (914) 592-9330

FAX: (914) 592-1519 & (914) 592-7303



UNION TRUSTEES

Edward Doyle, Jr., Co-Chairman
Syd Goldstein
Louis A. Picani
James Reilly

EMPLOYER TRUSTEES

Carl Petrillo, Co-Chairman
Ross Pepe
Louis Nappi
Saul Singer

Dear Pensioners/Beneficiaries,

The fund Office would like to inform you again of a service, which will insure that, your check will always be received by the 1st. business day of the month. This service is Direct Deposit to the Financial Institution (Bank) of your choice.

- This Service is Free.
- Payments are wired directly to your bank avoiding days in the mail service.
- You do not have to worry about depositing your check, as it will automatically be in your account as the first working day of the month. This saves you a trip and insures the check is deposited even when you are out of town.
- Lost or stolen checks are avoided, as they are not sent in the mail. Please note the Fund Office will not be able to re-issue a stop payment until 11 business days have passed, which makes it hard on our members who rely on their pension benefits.
- Flexibility to change your bank or address to where your check is mailed is always available.

If you would like this service please fill out and return the attached form. If you have any further questions, please feel free to contact the Pension Department at 914-592-9330.

→ IF YOU CHOOSE THE CHECKING ACCOUNT OPTION, YOU MUST SEND US A PERSONAL CHECK SO THAT WE CAN VERIFY THE INFORMATION THAT IS REQUIRED FOR AUTOMATED DIRECT DEPOSIT. PLEASE WRITE VOID ON THE CHECK.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
(ACH CREDITS)

TEAMSTERS LOCAL 456 PENSION FUND

I hereby authorize Teamsters Local 456 Pension Fund, to initiate credit Entries and to initiate, if necessary debit Entries and adjustments for any credit Entries in error to my **(PLEASE CHECK ONE OF THE FOLLOWING)** () CHECKING ACCOUNT () SAVINGS ACCOUNT indicated below and the bank named below, to credit and/or debit the same to such account.

BANK
NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA# _____ ACCOUNT# _____

This authority is to remain in full force and effect until Teamsters Local 456 Pension Fund has received written notification from me of its termination in such time and in such manner as to afford Teamsters Local 456 Pension Fund and the bank a reasonable opportunity to act on it.

RETIREE
NAME _____ SS# _____
PLEASE PRINT

DATE _____ SIGNED _____
SIGNATURE