



STATIONARY ENGINEERS LOCAL 39 TRUST FUNDS

4160 Dublin Blvd, Suite 400 * Dublin, CA 94568

Phone: (925) 208-2280 * Toll Free: (800) 622-0547 * Fax: (925) 833-7301

www.Local39Benefits.org * l39pension@hsba.com

DIRECT DEPOSIT REQUEST

Name : _____ SSN : _____

Address : _____

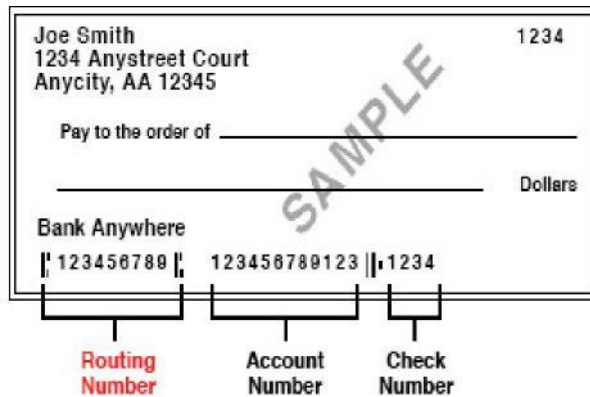
City : _____ State : _____ Zip Code : _____

Account Information

SELECT ONE : Checking Account **OR** Savings Account

Bank Name : _____

Routing Number: _____ Account Number: _____



ATTACH A COPY OF A VOIDED CHECK OR SAVINGS DEPOSIT SLIP

As benefit payments become due to me from the Pension Plan, I authorize the Administrative Office to pay by directing 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 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 Administrative Office.

Signature: _____ Date: _____