

SAN MATEO COUNTY ELECTRICAL CONSTRUCTION INDUSTRY
RETIREMENT TRUST
ELECTRONIC DEPOSIT FORM

Please attach voided check here.

NAME: _____

SS #: _____

ADDRESS: _____

TELEPHONE #: _____

I request that my pension benefit check be deposited electronically into:

Checking Account # _____

OR (INCLUDE A VOIDED CHECK)

Savings Account # _____

(INCLUDE A VOIDED DEPOSIT SLIP)

I agree with and understand the following:

- (A) This Direct Deposit request is to remain in effect until written notification is given to the plan office or the plan office no longer offers Direct Deposit via Electronic Funds Transfer.
- (B) It is my responsibility to provide any bank changes (account #, name, or address) to the plan office to assure timely receipt of my benefit.
- (C) If my home address changes, I will advise the plan office of the changes in writing.
- (D) There will be a transaction reversal for any amount deposited into my account that I am not entitled to receive.

Signature _____

Date _____

For office use only:

- | | |
|---------------------------------|--|
| <input type="checkbox"/> Add | <input type="checkbox"/> CA |
| <input type="checkbox"/> Change | <input type="checkbox"/> CA/EFT Screen 1 |
| <input type="checkbox"/> Delete | <input type="checkbox"/> CA/EFT Screen 2 |