## SAN MATEO COUNTY ELECTRICAL WORKERS LOCAL 617 ELECTRONIC FUNDS TRANSFER (EFT) APPLICATION

## Please attach voided check here.

	RETIREE NAME:  RETIREE SS#:  ADDRESS:				
	TELEPHONE #:				
	I request that my pension benefit check be deposited electronically into:				
	Checking Account #				
	Savings Account #				
l agre	e 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 <i>Electronic Funds Transfer</i> .				
(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.				
Signa	Signature: Date:				
For office use only:  ( ) Add ( ) CA  ( ) Change ( ) CA/Nacha Screen					

Revised: 12Aug2004

## LOCAL 617 ADDRESS CHANGE FORM

Member's Name:					
	Last		First		
Member's Soc. Security #:					
Member's Old Address:					
	Street				
	City	State	Zip		
Member's NEW Address:	Herit Rodern velocus services colonication and person of colonication and the deciman and	medicannoninassagginologya consistentia discontinua di september di september di september di september di sep	THE COURT SHEET AS A PROCESSION AND A PROCESSION AS A SHEET AS A S		
	Street				
	City	State	Zip		
Member's Signature:					
Date.					