



LOCAL 36 BENEFIT FUNDS

2319 CHOUTEAU AVE., SUITE 300 · ST. LOUIS, MO 63103 · www.smw36benefits.org
Tel: (314) 652-8175 Toll-Free: (800) 741-9411 Fax: (314) 652-0338

Pension Fund Direct Deposit Authorization Form

Please print and complete ALL the information below.

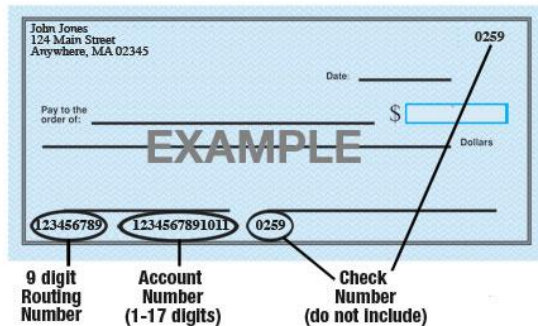
Name: _____

Address: _____

City, State, Zip: _____

Phone : _____

Last Four Digits of SSN #: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Type of Account: Checking Savings (Circle One)

Please attach a voided check for the bank account to which funds should be deposited.

SMART Local 36 Benefit Fund is hereby authorized to directly deposit my Pension Fund payment to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: _____

Date: _____