



MCASF Local 725 Pension Trust Fund

15800 Pines Blvd., Suite 201 Pembroke Pines, FL 33027
Phone (754) 777-7735 Fax (754) 999-2205

Direct Deposit

The BEST way to receive your Pension Benefit

And here's why...

Direct deposit is **safe** because your benefit payment is automatically deposited into your bank account – no more worrying about lost or stolen checks or delays caused by mail service.

Direct deposit is **fast** because no matter if you are sick or away from home, your check is still deposited into your account. No more standing in long bank lines or waiting for your check to clear.

Direct deposit is **easy** because your benefit payment is deposited into your checking or savings account on time, correctly and confidentially.

Please take a few minutes and complete the form on the back so you can take advantage of the benefits of Direct Deposit. It will take the Fund Office about 30 days after it receives your authorization to set up the procedure with your bank. Please be assured there will be no interruption in your monthly benefit and there is no cost to you.

*****IMPORTANT*****

Please notify the Fund Office *immediately* whenever you change your address so that our records will be updated, and you will continue to receive your monthly direct deposit.

DIRECT DEPOSIT AGREEMENT

Name of Payee _____ Social Security No _____

Address _____

City _____ State _____ Zip _____

Telephone # _____ Email _____

Name of Pensioner _____ Social Security No _____

>> If the Payee is a beneficiary or surviving spouse, please provide the pensioner's name and social security number. <<

Bank Account Information – Attach a voided check from your account and/or complete the information below. See sample check below for help completing this section.

Routing No. _____ Account No. _____

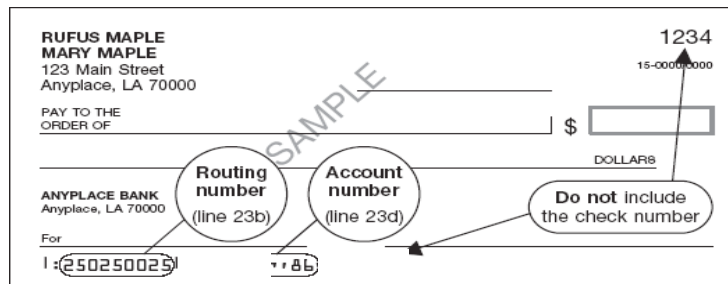
Type of Account: Checking Savings

Bank Name _____

Address _____

City _____ State _____ Zip _____

Telephone # _____ Rep's Name _____



Note: The routing and account numbers may be in different places on your check.

Please allow up to 30 days for the direct deposit set-up process to be completed.

I, the undersigned, hereby authorize the Board of Trustees of the Pension Trust Fund ("the Pension Fund") to deposit all amounts due to me under the Pension Plan in my account at the Financial Institution named above. This authorization shall remain in force until I revoke it in writing or until my death, whichever occurs first. If at any time the Pension Fund should credit my account for a benefit to which I am not entitled, I authorize and direct the Financial Institution to refund the Pension Fund.

Payee Signature _____

Date _____

Place Notary Stamp/Seal Here

Subscribed to and sworn to before me.

This _____ day of _____, 20____

Print Name of Notary Public

Notary Public _____ County.

State of _____

My Commission expires _____

Signature _____

NOTICE to NOTARIES: Federal Law (i.e., the Retirement Equity Act of 1984) requires that the above Waiver must be executed in the presence of an authorized Plan representative or a Notary Public. Accordingly, it is most important that you not only witness the actual signatures identified above, but also examine their credentials to satisfy yourself that they are, in fact, the same persons as the ones identified