

DIRECT DEPOSIT AUTHORIZATION FORM

Laborers Local No. 265 Pension Plan

Pensioner's Name: _____

Social Security Number: _____ Phone Number: _____

Pensioner's Signature: _____ Date: _____

Please check the appropriate box:

NEW REQUEST
Check if you have not yet received your pension or currently have your check mailed¹

CHANGE ACCOUNT
Check if you want your pension deposited to a different account¹

STOP DIRECT DEPOSIT
Check if you want to cancel direct deposit and have your check mailed²

If you have a pension with **BOTH** the LDC&C Pension Fund of Ohio and the Laborers Local No. 265 Pension Plan, please check the box if you want to have the above change(s) applied to both pension plans.

If you checked STOP DIRECT DEPOSIT above, you DO NOT need to complete the following.

Please check the appropriate box:

CHECKING ACCOUNT - Please attach a copy of a voided check.

SAVINGS ACCOUNT

Name of Bank: _____

Bank Branch Phone Number: _____

If Joint Account, Additional Name(s) on Account: _____

Bank Routing Number: _____

Account Number: _____

You can view a record of your monthly deposit at ohiolaborers.com. **If you wish to receive a monthly direct deposit statement in the mail, please check this box.**

¹By signing above, I hereby authorize the Laborers Local No. 265 Pension Plan (the Plan) to credit my bank account for the net amount of my pension benefit on the first business day of each month. I also acknowledge the Plan's reserved right to electronically debit this account for the purpose of correcting any error with the credit transaction. I certify that I am a named owner of the bank account named above and understand that the deposit can only be made to an account on which I am listed as an owner. Please allow four or six weeks for your request to become effective.

²If I am requesting the deposit be stopped, I understand that Ohio Laborers Benefits must receive this request by the 15th of the month for the deposit to be stopped for the next month.

Please complete form in full and mail, email, or fax to:

Mail: Ohio Laborers Benefits, 800 Hillsdowne Rd, Westerville, OH 43081

Email: pension@ohiolaborers.com

Fax: 614-413-2866