

DIRECT DEPOSIT AUTHORIZATION FORM

Laborers' District Council & Contractors' Pension Fund of Ohio

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

Pensioner's Name: _____

Social Security Number: _____

Pensioner's 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 mailed ¹
- CHANGE ACCOUNT – check if you want your pension deposited to a different account ¹
- STOP DIRECT DEPOSIT – check if you want to cancel direct deposit and have your check mailed ²
- If you have a pension with BOTH the LDC&C Pension Fund of Ohio and the Laborers Local 265 Pension Plan, please check the box if you want to have the above change(s) applied to both pension benefits.**

If you checked STOP DIRECT DEPOSIT above, you do not need to complete the following.

Name of Bank: _____

Bank Branch Phone Number: _____

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

Bank Routing Number: _____

Account Number: _____

Please check the appropriate box:

- CHECKING ACCOUNT – **Please attach a copy of a voided check.**
- SAVINGS ACCOUNT

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 the box below:

- Please mail me a monthly direct deposit statement.

¹*By signing above, I hereby authorize the Laborers' District Council and Contractors' Pension Fund of Ohio (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 to six weeks for your request to become effective.*

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