## Office and Professional Employees Locals 30 & 537 Retirement Trust Fund

Administered By: Benefit Programs Administration
13191 Crossroads Parkway North, Suite 205, City of Industry, California 91746-3434
Telephone • (800) 386-4350 • (562) 463-5065 • Facsimile (562) 463-5894

## **AUTHORIZATION FOR ELECTRONIC DEPOSIT OF PENSION BENEFITS (EFT)**

Name (Please t	Socia	Social Security Number  Telephone Number				
Mailing Address	Telep					
City			State		Zip	
		LS 30 & 537 RETIREMENT FUN (please check one of the followi		y transfer my	pension	
Che	ecking Account	Savings Account	Other Ac	count		
Bank's Transit F	Routing Numbers (AE	BA No.)				
Account No.						
Ple	ease attach a VOIDE	ED CHECK <u>or</u> a Savings Accou	nt DEPOSIT SLIP	to this Forr	n.	
notification of its funds received I	s termination, or until by the designated fin	ect until OPEIU LOCALS 30 & 50 the Fund has sent me written no ancial institution after my death a same to the Fund and charge all	otice of its termina are to be returned	ation. I under to the Fund a	rstand that any	
Funds are to be	e deposited at the f	ollowing:				
Name of Financ	ial Institution (Please	e type or print)			·	
Address	Street	City		State	Zip	
Names (s) on A	ccount (Please type	or print)				
Your Signature				ate		
Joint Account H	older's Signature (A	Joint Account requires both Sign	patures) Da	ate		
	TO BE CO	OMPLETED BY YOUR FINANCI	IAL INSTITUTION	l:		
		UND promptly, in writing, upon t to the Retirement Fund.	k/Credit Union) a the death of the al	grees to not pove named	ify the OPEIU individual, and	
Name & Title of Bank Representative Please type or print)			Telep	Telephone No.		
Signature of Ba	nk Representative		Date			

Once this form has been completed it is to be returned to the Administrative Office.