



## DIRECT DEPOSIT FORM

UA LOCAL 13 PENSION FUND  
RETIREMENT BENEFIT ACCOUNT  
1850 MT READ BLVD, ROCHESTER, NY 14615  
(585) 338-2310

I THE UNDERSIGNED PAYEE UNDER THE UA LOCAL 13 PENSION FUND PLAN, HEREBY REQUEST THAT BEGINNING WITH THE FIRST PAYMENT DUE ME AFTER RECEIPT OF THIS NOTICE AND CONTINUING UNTIL FURTHER NOTICE FROM ME IN WRITING IS FILED WITH THE UA LOCAL 13 PENSION FUND, ALL PAYMENTS UNDER SAID CONTRACT BE DEPOSITED TO THE CREDIT OF MY/OUR ACCOUNT WITH:

\_\_\_\_\_  
NAME OF BANK

\_\_\_\_\_  
PRINT NAME OF PAYEE

\_\_\_\_\_  
SIGNATURE OF PAYEE

\_\_\_\_\_  
SIGNATURE OF SPOUSE

REQUIRED: ATTACH A VOIDED CHECK OR DOCUMENT ON BANK LETTERHEAD  
WITH THE CORRECT ROUTING NUMBER AND ACCOUNT NUMBER

ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

CHECKING OR SAVINGS

(CIRCLE ONE)