

ELECTRONIC DIRECT DEPOSIT

YOUR BENEFIT FASTER

DEPÓSITO DIRECTO ELECTRÓNICO

SU BENEFICIO RÁPIDO



PENSION & HEALTH CARE EXPENSE / PENSIÓN & GASTO DE SALUD

Electronic Direct Deposit Form / Forma de Depósito Electrónico Directo

NAME/NOMBRE		SOCIAL SECURITY NO./SEGURO SOCIAL		
ADDRESS/DOMICILIO	STREET/CALLE	CITY/CIUDAD	STATE/ESTADO	ZIP CODE/CÓDIGO
FINANCIAL INSTITUTION/INSTITUCIÓN FINANCIERA				
BRANCH-OFFICE ADDRESS/DOMICILIO DE OFICINA		CITY/CIUDAD	STATE/ESTADO	ZIP CODE/CÓDIGO
TYPE OF ACCOUNT AND ACCOUNT NUMBER (CHECK-OFF BOX AND WRITE BOTH ACCOUNT NUMBER AND ROUTING NUMBER)				
<input type="checkbox"/>	CHECKING	ACCOUNT	ROUTING	
<p>You MUST enclose a personal check with your pre-printed name and address, marked "VOID" across the front. Usted DEBE adjuntar un cheque personal con su nombre y domicilio preimpreso y marcado "VOID" a través del frente. -- OR/O --</p>				
<input type="checkbox"/>	SAVINGS	ACCOUNT	ROUTING	
<p>You MUST provide proof that account is in your name / Usted DEBE proporcionar prueba que la cuenta esta en su nombre.</p>				
<p><i>I hereby authorize Laborers Pension and Health & Welfare Trust Funds for Northern California to initiate deposits (or correcting entries to previous deposits) to the account checked above. This authorization is to remain in force until I revoke it by giving a written notice to the Trust Funds.</i></p>				
PARTICIPANT SIGNATURE/FIRMA:			DATE/FECHA:	



ATTACH VOIDED CHECK HERE

ADJUNTO CHEQUE CANCELADO

- *Alternatively, you can submit a bank statement or a letter from your bank on their letterhead.*
- *Alternativamente, puede enviar un extracto bancario o una carta con membrete de su banco.*

Attach here

Bank Name and Address

My Name 101
 My Address 50-9999/9999 1
 My City, State, & Zip _____ 20

Pay to the order of _____ \$ _____ Dollars

The Bank Name
 Bank Address

11 123456789 12 34567890 11 101

9 Digit Bank Routing Number Your Account Number

VOID/CANCELADO

To get your Pension & Health Care Expense benefit faster, complete this Authorization Form and return it to the Trust Fund Office using the enclosed envelope.

5672 Stoneridge Drive, Suite 100, Pleasanton, CA 94588

Para obtener sus beneficios de Pensión & Gastos de Salud mas rápido, completa el Formulario de autorización y greselo a la Oficina del Fondo de Fideicomiso usando el sobre adjunto.