

ELECTRONIC DIRECT DEPOSIT

YOUR BENEFIT FASTER

DEPOSITO DIRECTO ELECTRONICO

SU BENEFICIO RAPIDO



PENSION & HEALTH CARE EXPENSE / PENSION & GASTO DE SALUD

Electronic Direct Deposit Form / Forma de Deposito Electronic Directo

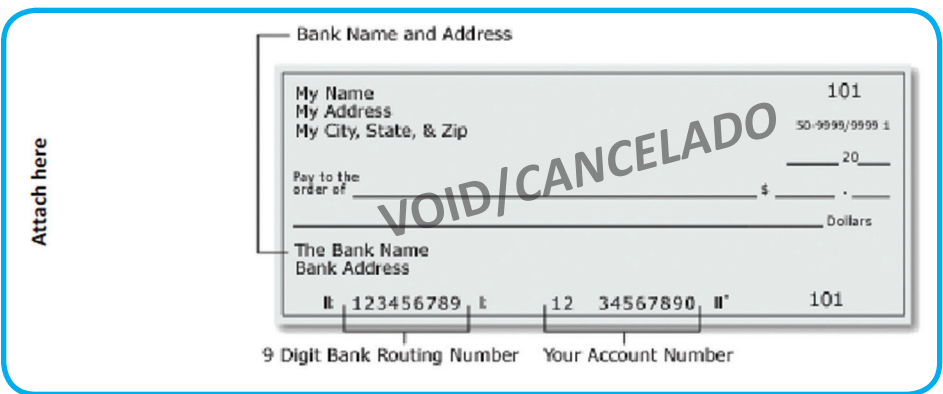
NAME/NOMBRE		SOCIAL SECURITY NO./SEGURO SOCIAL	
ADDRESS/DOMICILIO	STREET/CALLE	CITY/CIUDAD	STATE/ESTADO ZIP CODE/CODIGO
FINANCIAL INSTITUTION/INSTITUCION FINANCIERA			
BRANCH-OFFICE ADDRESS/DOMICILIO DE OFICINA		CITY/CIUDAD	STATE/ESTADO ZIP CODE/CODIGO
TYPE OF ACCOUNT AND ACCOUNT NUMBER (CHECK-OFF BOX 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 traves 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.*



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

220 Campus Lane | Fairfield, CA 94534

Para obtener sus beneficios de Pensión & Gastos de Salud mas rápido, complete este Formulario de Autorización y devolverlo a la Oficina del Fondo Fideicomiso.