

# Teamsters Joint Council No. 83 of Virginia Health & Welfare and Pension Funds



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## ELECTRONIC FUND TRANSFER (EFT) AUTHORIZATION FOR DIRECT DEPOSIT

Please complete, sign, and return this authorization to the Fund office. If received at least 7 business days before the end of a month, the direct deposit will be effective the first of the next month. **Benefits are guaranteed to be in your account by 2PM on the first business day of the month.**

Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

\*Financial Institution's Routing (ABA) Number \_\_\_\_\_

\*Your Account Number \_\_\_\_\_

Check one:                      Checking Account                      Savings Account

\*DO NOT GUESS! CONTACT YOUR FINANCIAL INSTITUTION FOR THE CORRECT NUMBERS IF YOU ARE NOT SURE. [An incorrect number will delay your payment. A common error is including the check number in the account number.]

Print Your Name \_\_\_\_\_

Your SSN or Alt ID# \_\_\_\_\_ Your Phone Number \_\_\_\_\_

Your Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

By completing this form, you authorize the financial institution, at the request of Teamsters Joint Council No.83 of Virginia Pension Fund, to make any correction entries to your account in accordance with the rules of such financial institution and/or the rules of Automated Clearing House payments. This authorization will remain in effect until the financial institution receives written notification that you have cancelled it.

**Even if on direct deposit, keep the Fund office advised by written notice of any address change.**