

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



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STD ELECTRONIC FUND TRANSFER (EFT) AUTHORIZATION FOR DIRECT DEPOSIT

Please complete, sign, and return this authorization to the Fund office.

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 Health & Welfare 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.