



**CENTRAL STATES
SOUTHEAST AND
SOUTHWEST AREAS
PENSION FUND**

EMPLOYEE TRUSTEES
RAY CASH
JERRY YOUNGER
GEORGE J. WESTLEY
CHARLES A. WHOBREY
FRED GEGARE

EMPLOYER TRUSTEES
HOWARD McDOUGALL
ARTHUR H. BUNTE, JR.
TOM J. VENTURA
DANIEL J. BRUTTO
GARY F. CALDWELL

EXECUTIVE DIRECTOR
THOMAS C. NYHAN

Dear Pensioner:

In order to ensure timely delivery of your pension benefit, the Fund has an Electronic Fund Transfer (EFT) program. Under the EFT program, your pension check is deposited electronically and automatically into your checking or savings account on the first day of each month (unless the first day of the month falls on a weekend or a banking holiday). The information requested on this form must be provided for all individuals who have access to the account indicated below. **I understand that I must keep the Fund informed of any change in my home address even if I use this electronic direct deposit program.**

I hereby authorize Central States, Southeast and Southwest Areas Pension Fund, and the financial institution shown below, to deposit my pension benefit directly into my account each month. If funds to which I am not entitled are deposited into my account in error, I/we authorize the Fund to direct the bank to return those funds and to provide any and all information in their records which may assist the Fund in the recovery of those funds including but not limited to the identity of all account holders. This authorization will remain in effect until I file a new authorization form or cancel my participation.

Pensioner Name _____ SS# _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone Number () _____

Pensioner Signature _____ Date _____

Bank Information

Bank Name _____

Bank Address _____ City _____ State _____ Zip _____

Account Type: Checking _____ Savings _____

Routing Number _____ Account Number _____

(Verify 9-digit number with bank)

Joint Account Holder(s) (Required for joint accounts only)

Name _____ Name _____

SS# _____ SS# _____

Date _____ Date _____

Signature _____ Signature _____

IMPORTANT: PLEASE ATTACH A **VOIDED** CHECK (IF CHECKING) OR PRE-PRINTED DEPOSIT SLIP (IF SAVINGS) AND MAIL TO THE ADDRESS BELOW.

**Central States Pension Fund
P.O. Box 5113
Des Plaines IL 60017-5113**