Michigan Laborers' Pension Fund

6452 Millennium Dr, Ste 100, Lansing, MI 48917-7881 • PO Box 211133, Eagan, MN 55121
Phone: 1 (877) 645-2267 (MI-LABOR) • Fax: (517) 689-6016 • Website: www.milaborersfunds.com

Administered by
Welfare & Pension Administration Service, Inc.

AUTHORIZATION AGREEMENT FOR ELECTRONIC PENSION BENEFIT DEPOSIT

(To be completed by payee)

I hereby authorize the Michigan Laborers' Pension Fund to make Pension benefit deposits to my bank account. This authorization is to remain in full force and effect until the Administration Office receives written notice from me instructing them otherwise. I understand that it can take up to (30) thirty days to make bank and/or account number changes or to discontinue my electronic deposit.

In the event an amount should be credited in error to my account, including, but not limited to, by reason of my death prior to the date on which any payment shall become due, I authorize the Trust Fund to direct the Depository to make the appropriate debit adjustment.

Name: Last	First		MI
Mailing Address: Street	City	State	Zip
Phone Number: **( )**	**Email Address:**		
Social Security Number:	**Local Union No:**		
Date of Signature:	**Signature:**		

Name of Financial Organization *(bank, credit union, etc.)***:**			
Bank's Mailing Address: Street	City	State	Zip
Contact Person at Bank or Financial Institution:	**Phone Number:**		
Type of Account *(Check one)*: ☐ Checking ☐ Savings			
Routing Number:	**Account No:**		

To ensure that your retirement checks are received timely and your retirement records are up-to-date, a Continuance Form will be mailed to you annually. If the continuance form is <u>not</u> returned, your retirement checks will be withheld until the Administration Office has received your completed form.

<u>PLEASE ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP TO THIS FORM</u>