



# Steamfitters Local #449

## BENEFIT FUNDS

c/o Frank M. Vaccaro & Associates, Inc.  
1517 Woodruff Street  
Pittsburgh, PA 15220-5305

Telephone: (412) 481-0300  
Toll Free: (888) 355-5665  
Fax: (412) 381-6132

### DIRECT DEPOSIT AUTHORIZATION FORM

Please complete the following information and return this form to the Fund Office, along with a voided check from your account.

Participant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Transit Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account: (check one): \_\_\_\_\_ Checking \_\_\_\_\_ Savings

I hereby authorize the direct deposit of my **Pension Benefit** by Steamfitters Local #449 Pension Plan to the account and financial institution indicated above. Such direct deposits will be made periodically, unless I choose to terminate this agreement in writing. If any payment is made after my death, I hereby authorize and direct said financial institution, upon receipt of notice of my death, to refund the amount of such payment to the Fund. On behalf of my executor, administrator, heirs, or assigns, I hereby agree to hold said financial institution harmless from any suit, action or proceedings (and any penalty related thereto) by any parties whatsoever attempting to delay or prevent said financial institution's refund of such amount or to recover such refund.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED BY YOUR FINANCIAL INSTITUTION

The terms of the above authorization are noted, and in consideration of such payment being made to us, we agree, upon receipt of notice of the Benefit Recipient's death, to refund to the Fund, any payment received in accordance with the above authorization.

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Officer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_