

DIRECT DEPOSIT FORM

You can arrange to have your monthly benefit check forwarded electronically to your bank and deposited to your checking or savings account. If you desire to have such an arrangement, please complete the information below. IF POSSIBLE IT IS PREFERABLE TO SIMPLY ATTACH A VOIDED BLANK CHECK (PROVIDED IT BEARS THE MAGNETIC NUMBERS ALONG THE BOTTOM, AND THE BANK'S COMPLETE ADDRESS) TO THE LOWER PORTION OF THIS FORM. **Please print all information and then sign and date the form where indicated.**

(Print Your Name)

(Social Security Number)

Type of Fund: _____ Pension
(Check One) _____ Annuity

(Local Union Number)

(Name of Bank)

(Account Number)

(Address of Bank - Street)

Account Type: _____ Checking
(Check One Only) _____ Savings

(Address of Bank – City, State, Zip)

(Bank's Transit Routing Number)

(Signature)

(Date)

**Return this completed
form to:**

**Attn: Payment Department
I.E. Shaffer & Co.
P.O. Box 1028
Trenton, NJ 08628-0230**