

# MASSACHUSETTS LABORERS' ANNUITY FUND

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BURLINGTON, MASSACHUSETTS 01803  
TELEPHONE (781) 272-1000 • TOLL FREE (800) 342-3792 • FAX 781-272-2226

## DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize the Massachusetts Laborers' Pension Fund, hereafter called the "Fund", to initiate direct deposit credit entries to my account at the bank named below, hereafter called the "Bank", and to credit the same account.

NAME OF BANK: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

BANK TEL # \_\_\_\_\_ EXT. \_\_\_\_\_

ROUTING # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

⇒ Please select one: ( ) Checking ( ) Savings

### ATTACH A VOIDED CHECK IF YOU ARE CHOOSING CHECKING

The first check is sent to the member, thereafter they are direct deposit. If need assistance completing this form, please call your bank and request this information, **or have them complete and fax the form to our office.** Be sure to identify whether it is a checking account or savings account.

This authorization is to remain in full force and effect until the "Fund" has received **WRITTEN** notification from me of its termination. Notification shall be in such time and in such manner as to afford the "Fund" and "Bank" reasonable opportunity to act on it. Also, changing a bank account may take two months, as we test an account prior to transferring funds.

MEMBER Soc. Sec. # \_\_\_\_\_ TEL# \_\_\_\_\_

Your Social, if a beneficiary: \_\_\_\_\_ TEL# \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
Street City State ZIP

RECIPIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME \_\_\_\_\_

**NOTE:** The first check is always sent to the member's home address, unless you are already on Pension direct deposit for the same account.