



MASSACHUSETTS LABORERS' PENSION FUND

P.O. Box 1501, 1400 District Avenue, Suite 200

Burlington, Massachusetts 01803

Telephone (781) 272-1000 • Toll Free (800) 342-3792 • Fax (781) 272-2226 • pension@mlbf.org

Massachusetts Laborers' Pension Fund Direct Deposit Authorization Form

I hereby authorize the Massachusetts Laborers' Pension Fund, hereinafter called the "Fund", to initiate direct deposit credit entries to my () Checking () Savings account (*please select one*) at the bank named below, hereinafter called the "Bank" and to credit the same to such account.

Name of Bank: _____ **Branch** _____

City: _____ **State/Prov:** _____ **Zip:** _____

Bank Telephone#: _____ **Ext:** _____

Routing #: _____ **Acct #:** _____

If you do not know your account number or routing number, please call your bank and request this information. 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 in such time and in such manner *as* to afford the "Fund" and "Bank" reasonable opportunity to act on it.

Recipient Name: _____
(Please print)

Recipient Soc. Sec #: _____

Recipient Signature: _____
(Name) (Date)

Home Telephone #: _____ **Local#:** _____
(In case we have difficulty with this form)

NOTE: All written credit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in this authorization.

PLEASE COMPLETE THIS FORM TO RECEIVE YOUR PENSION CHECKS
MANDATORY