

**NEW YORK STATE TEAMSTERS CONFERENCE
PENSION AND RETIREMENT FUND**

PO Box 4928 • Syracuse, New York 13221-4928 • Telephone (315) 455-9790 • Facsimile (315) 234-1047

ELECTRONIC FUND TRANSFER AGREEMENT

Type of Transaction: New Change Cancel

Personal Information: (To be completed by Pensioner or Beneficiary)

Name: _____

Street Address: _____

City/State/Zip Code: _____

Social Security Number: _____

Phone Number: _____

Banking Information: (To be completed by you or the Financial Institution)

Type of Account: Checking Savings

Financial Institution Name: _____

Bank Address: _____

City/State/Zip Code: _____

Bank Phone Number: _____

Bank's ABA Number: _____

Your Account Number: _____

Names Listed on Account: _____

Please keep this office informed, in writing, of any changes in your mailing address or telephone number.

Certification

I authorize New York State Teamsters to transfer my monthly pension benefit to the financial institution named above to be deposited to the designated account.

I understand that when the 1st of the month falls on a weekend or Federal Reserve Bank Holiday, the deposit will not be available until the following business day.

I understand and accept that my beneficiary, estate, or joint account holder will be responsible for reimbursing the Pension Fund for any funds paid for a period after my death that are unrecoverable from my financial institution. The financial institution is authorized to release account information to the Pension Fund.

Signature

Date