

Plumbers' Pension Fund, Local 130, U.A.  
Direct Deposit Request Form

**Participant Information - Please Print**

Name \_\_\_\_\_

Last 4 of Social Security # \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

**Direct Deposit Election**

Savings Account - **Attach written information from your bank**

Checking Account – **Attach a copy or voided check**

\_\_\_\_\_

Bank Name

\_\_\_\_\_

Routing Number or ABA Number

\_\_\_\_\_

Account Number

\_\_\_\_\_

Signature

\_\_\_\_\_

Date