

**LABORERS' DISTRICT COUNCIL AND CONTRACTORS' PENSION FUND OF OHIO
AUTHORIZATION FOR DIRECT DEPOSIT OF PENSION BENEFIT
FROM**

**Laborers' District Council and Contractors' Pension Fund of Ohio
800 Hillsdowne Road
Westerville, Ohio 43081-3302
Phone No. (614) 898-9006
Fax No. (614) 898-9169**

I hereby authorize the Laborers' District Council and Contractors' Pension Fund of Ohio to credit my bank account on the first business day of each month for the net amount of my pension benefit. I understand this direct deposit will begin within at least sixty (60) days from receipt of this completed document in the Pension Fund Office. Please attach a voided check for verification of account.

I understand this monthly direct deposit of my pension benefit is voluntary and may be revoked by me at any time. I understand in order to revoke this option, I must notify the Pension Fund in writing at least thirty (30) days prior to the date I want to cease direct deposit of my pension benefit.

Date

Pensioner's Signature

Bank's Routing Number

Social Security Number

Member's Account Number

Type of Account (checking or savings)

Name of Bank

Member's Telephone Number

Bank's Telephone Number

For Fund Office Use Only

Acceptance: The Board of Trustees of the Laborers' District Council and Contractors' Pension Fund of Ohio hereby accepts the foregoing authorization.

BOARD OF TRUSTEES OF THE LABORERS'
DISTRICT COUNCIL AND CONTRACTORS'
PENSION FUND OF OHIO

Date

By: _____