

# ARIZONA SHEET METAL TRUST FUNDS

HEALTH AND WELFARE

ADMINISTRATIVE OFFICE

PENSION

2400 W. Dunlap Ave., Suite 250  
Phoenix, AZ 85021  
(602) 249-3582  
www.southwestservicepa.com

## AUTHORIZATION FOR DIRECT DEPOSIT PENSION TRUST FUND

NAME OF FINANCIAL INSTITUTION

NAME OF BRANCH OFFICE

TELEPHONE NUMBER

STREET ADDRESS OR P.O. BOX NUMBER

CITY

STATE

ZIP CODE

CHECKING  SAVINGS

ACCOUNT NUMBER

BANK ROUTING OR TRANSIT NUMBER (9 DIGITS)

PLEASE PROVIDE THE EXACT SEQUENCE OF NUMBERS, DASHES, SPACES, ETC. OF THE MEMBERS ACCOUNT NUMBER

### MEMBER INFORMATION

NAME

SOCIAL SECURITY NUMBER

STREET ADDRESS OR P.O. BOX NUMBER

TELEPHONE NUMBER

CITY

STATE

ZIP CODE

I HEREBY AUTHORIZE THE ABOVE NAMED PENSION TRUST FUND TO DEPOSIT MY MONTHLY PENSION CHECK INTO THE ACCOUNT LOCATED AT THE FINANCIAL INSTITUTION LISTED ABOVE.

I FURTHER AUTHORIZE THE ABOVE NAMED PENSION TRUST FUND AND/OR THIS FINANCIAL INSTITUTION TO DEBIT MY ACCOUNT FOR THE PURPOSE OF ERROR CORRECTION AND/OR TO REFUND PENSION PAYMENTS INADVERTENTLY MADE AFTER MY DEATH.

SIGNATURE

DATE

PLEASE ATTACH A VOIDED CHECK IF A CHECKING ACCOUNT.  
PLEASE ATTACH A BLANK DEPOSIT SLIP IF A SAVINGS ACCOUNT.