

**BUFFALO LABORERS' PENSION FUND**  
**25 Tyrol Drive, Suite 200, Cheektowaga, NY 14227**

**ELECTRONIC TRANSFER REQUEST – MONTHLY PENSION BENEFIT**  
**Direct Deposit available for Pensioners Only**

PARTICIPANT'S NAME: \_\_\_\_\_

PARTICIPANTS SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**In order to process your request for direct deposit, the Buffalo Laborers' Pension Fund Office will require the following information:**

BANKING FACILITY: \_\_\_\_\_

**PLEASE PROVIDE A CANCELLED CHECK  
OR PRE-PRINTED BANK DEPOSIT SLIP  
FOR VERIFICATION PURPOSES.**

BANK ADDRESS: \_\_\_\_\_

\_\_\_\_\_

BANK PHONE NUMBER: \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_\_\_ CHECKING \_\_\_\_\_ SAVINGS

ACCOUNT NUMBER: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

**I hereby authorize my monthly pension check to be directly deposited to the above account:**

\_\_\_\_\_  
**PARTICIPANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**WITNESS:**

\_\_\_\_\_  
**NOTARY OR BENEFIT PLAN REPRESENTATIVE**

\_\_\_\_\_  
**DATE**

\*\*\*\*\*FOR FUND PURPOSES ONLY\*\*\*\*\*

DATE PRENOTE PROCESSED: \_\_\_\_\_

EFFECTIVE DATE OF DIRECT DEPOSIT: \_\_\_\_\_

PROCESSOR'S INITIALS: \_\_\_\_\_

REVIEWER'S INITIALS: \_\_\_\_\_