

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

**ELECTRONIC TRANSFER REQUEST – WELFARE BENEFITS**

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

PARTICIPANT'S SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

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

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

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

**PLEASE ATTACH A CANCELLED CHECK OR PRE-PRINTED BANK DEPOSIT SLIP FOR  
VERIFICATION OF YOUR ACCOUNT NUMBER AND ROUTING NUMBER PROVIDED ABOVE**

**I hereby authorize to have ALL of my welfare benefits, including medical reimbursements, vacation and supplemental unemployment benefits, directly deposited to the above account and understand that I may only receive my benefits in the form of direct deposit unless I cancel this agreement.**

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

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

**WITNESS:**

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

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

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

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

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

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