

**Asbestos Workers Local Union # 21  
Pension Fund**

**BENEFIT RESOURCES, INC.**

8441 GULF FREEWAY, SUITE 304

HOUSTON, TEXAS 77017

TELEPHONE: (713) 643-9300

FAX: (713) 643-9391

**DIRECT DEPOSIT BANKING AGREEMENT**

Name \_\_\_\_\_  
Last First Middle Telephone Number

Address \_\_\_\_\_  
Street City or Town State Zip

Social Security Number \_\_\_\_\_

- A.  I do not wish to have my check deposited directly into my account at this time.
- B.  I hereby authorize the Custodian of the Local Union Number 21 Asbestos Workers Local 21 Pension Plan ("Plan") to directly deposit and transmit my monthly retirement benefits to the account specified below.

**Bank Information:**

Bank Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_  
Street City or Town State Zip

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**For credit to:**  Checking  Savings

I also authorize the Custodian to charge the above account, or any other account in my name, for improper overpayments made to me and to refund any and all overpayments to the Asbestos Workers Local Union 21 Pension Plan. I hereby release the Trustees and Plan from any liability concerning any obligations of the Custodian related to the direct deposit of my benefit payment.

\_\_\_\_\_  
SIGNATURE OF RECIPIENT

\_\_\_\_\_  
DATE