

Teamsters Joint Council No. 83 of Virginia Health & Welfare and Pension Funds



Administered by West End Administrators, Inc.
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ELECTRONIC FUND TRANSFER (EFT) AUTHORIZATION

If you wish to have your monthly pension payments deposited directly into your bank account, please complete this authorization in full and return it to the Fund Office. Please note that by completing this form, you authorize the financial institution, at the request of Teamsters Joint Council No. 83 of Virginia Pension Fund, to make any correction entries to your account in accordance with the rules of such financial institution and/or the rules of Automated Clearing House payments. This authorization will remain in effect until the financial institution receives written notification that you have cancelled it.

Bank Name _____

Address _____

*Bank Routing (ABA) Number _____

*Your Account Number _____

Check one: Checking Account Savings Account

Your Signature _____ Date _____

Your Social Security Number _____

*EFT cannot be set up without this information. It is important that you contact your bank for the correct numbers.

Benefits are guaranteed to be in your account by 2 p.m. on the first business day of the month.