Teamsters Union No. 142
HEALTH AND WELFARE, PENSION AND TRAINING TRUST FUNDS
ELECTRONIC TRANSFER

Dear Pensioner/Applicant:

The attached Depository Agreement should be taken to the Financial Institution of your choice. Should they agree to have your pension benefit electronically transferred into your account, they will need to complete the attached document. This form will allow CHASE BANK to transfer your monthly pension benefit directly into your account at your financial institution on the first day of each month. **DO NOT alter this form in any manner. Simply have your financial institution fill in the blanks and place their bank seal on the bottom left hand corner of the form and/or have them notarize the signature of the Officer of the Bank.**

Upon completion of this form, you will need to mail it directly to the Pension Fund office located at the following address:

Teamsters Union No. 142 Pension Fund
1300 Clark Road
Gary, IN 46404

**This form must be received by the Fund Office prior to the 20th of the month to ensure the deposit of your next month's benefit check.**

If you have any questions concerning this document, please contact the Fund office.

Teamsters Union No. 142
Pension Trust Fund

attachment
FINANCIAL INSTITUTION DEPOSITORY AGREEMENT
(Master Agreement)

TO CHASE BANK:  I, ________________________________, hereby authorize and direct CHASE BANK to issue all funds for payments due me under the Teamsters Union No. 142 Pension Fund ("Pension Fund") to the order of ____________________________________________________ ("Receiving Bank" whose mailing address is _______________________________, for deposit to my _______________________________ account, under account number _______________________________, and I agree that all funds so issued shall be in full payment, satisfaction and discharge of any amount so due me. Any funds so issued are to be electronically transferred directly to the Receiving Bank. If any such payment shall have been made, the due date of which is subsequent to my death, I hereby authorize and direct the Receiving Bank to refund the amount of such payment to CHASE BANK and charge the same to my account. In addition, if the mailing address or account number above is changed, I shall be responsible for giving the Pension Fund written notice of such change.

I reserve the right to revoke or cancel this authorization, such revocation of cancellation to be effective only upon receipt of written notice to that effect at the offices of the Pension Fund.

Date: ____________________ Signature of Payee: ________________________
Witness: ____________________ Payee Social Security No: ________________________

The terms of this Depository Agreement are noted and, in consideration of payments thereunder being made to us, we agree to refund to CHASE BANK, for the credit of the Pension Fund, any and all payments received in accordance with this Depository Agreement subsequent to the death of the payee whose name appears above. The Pension Fund and the Receiving Bank expressly agree that this Depository Agreement constitutes a "master agreement" (or part thereof) pursuant to Section 4.7 of the National Automated Clearing House Association Rules and, in accordance therewith, expressly alters, amends and supersedes the liability provisions of such Section.

SEAL OF FINANCIAL INSTITUTION
(If Financial Institution does not have seal available, the Receiving Bank’s Officer’s signature must be notarized.)

Date: ______________________

___________________________________________
Name of Receiving Bank

By: ________________________________

_______________________________________
Officer of Bank

IF BOTTOM PORTION OF AGREEMENT IS NOT COMPLETE, CHASE BANK CANNOT PROCESS.