

SMART LOCAL 265 PENSION PLAN
MANDATORY DIRECT DEPOSIT

Form 7

Fax Number: (630) 668-7338

Email: benefits@smart265funds.org

All account change requests must be received by the Fund Office by the 15th of the month in order to become effective for the next payment cycle. If there are any changes to your bank information in the future, such as bank name, routing number, account number or account type, you must contact the Fund Office immediately for a new direct deposit form. This form can also be found on www.smart265funds.org/pension-fund

Payee Information (Please type or print clearly):

Name: _____ Social Security Number: _____

Address: _____

Street

City

State

Zip

Telephone Number: _____ Email Address: _____

Bank Information (Please contact your bank branch for this information):

Name of Institution: _____ Telephone Number: _____

Address: _____

Street

City

State

Zip

Type of Account (Checking or Savings only):

☐ Checking

☐ Savings

A voided check or a letter from your financial institution verifying your account and routing numbers must be submitted with this form. The account in which the monthly benefit is deposited must be held solely or jointly in the name of the Payee. The Fund Office will not make any changes until all required information is provided. Failure to provide this information may result in the delay of your pension benefit payment.

Account Number: _____

Bank Routing Number: _____

Payee's Signature

Date

**Place a voided check here or attach a letter from your financial institution
verifying your account and routing numbers.**