

AFL HOTEL & RESTAURANT WORKERS TRUST FUNDS

560 N. Nimitz Hwy., Suite 209 • Honolulu, Hawaii 96817 • Fax (808) 537-1074

Phone (808) 523-0199 • Neighbor Islands Dial Direct 1 (866) 772-8989

HEALTH & WELFARE • PENSION • TRAINING

RE: HOTEL UNION & HOTEL INDUSTRY OF HAWAII PENSION PLAN
PENSION DIRECT DEPOSIT AUTHORIZATION FORM

Dear Member:

Per your request enclosed is a Direct Deposit Authorization form. Please complete this form to have your pension benefits deposited directly into your checking or savings account. As the recipient of these benefits, your payment will be in your account by the 1st day of each month. Should the 1st day of the month fall on a holiday or a weekend, your payment will be in your account by the next business day.

Please complete and sign the attached form. Upon completing the form in its entirety, have your Bank/Financial Institution complete the bottom portion of the form to validate the following account information:

1. **Account Name(s)** - *(Note: Participant must be the Primary Owner of the account)*
2. **Primary Owner's Address** - *(Note: Participant's address must coincide with Trust Fund records)*
3. **Account Number**
4. **Account Type** - *(Note: Pension payments must not be directly deposited into a Trust Account)*
5. **Bank Name**
6. **Bank Routing or Transit Number**

Please return to our office no later than _____, **2015** in order to have your pension benefits deposited directly into your account effective _____, **2015**. A return envelope is provided for your convenience.

IMPORTANT NOTICE: Your pension check will be mailed to your current address until the electronic fund transfer is accepted by your bank. If for any reason the bank rejects your direct deposit, you will be notified at your current address of record. In that event, all future payments will be automatically put on-hold for security purposes until we receive further written notice or authorization from you.

Should you have any questions, please contact our office at 523-0199.

Sincerely,

Pension Department

Enclosure
cc: File

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ACCOUNT INFORMATION

Name: _____

Address: _____

SSN: _____

Phone Number: () _____

Name of Bank/Financial Institution: _____

Address of Bank/Financial Institution: _____

PARTICIPANT MUST BE THE PRIMARY ACCOUNT HOLDER

Joint Account: Yes No Joint Account Holder(s) Name(s): _____

Account Type: *(Please check only one)* Checking Savings

PENSION PAYMENTS MUST NOT BE DEPOSITED INTO A TRUST ACCOUNT

Routing or Transit Number: _____

Account Number: _____

AUTHORIZATION AGREEMENT

I hereby authorize the Hotel Union & Hotel Industry of Hawaii Pension Plan to make direct deposits to my account at the bank I have indicated on this form. I understand that a written authorization will be required to make any changes or to stop any direct deposit.

I further authorize the above named and/or this bank to debit my account for the purpose of error correction and refund of payments inadvertently made after my death.

Account Holder's Signature Date
(Recipient)

Joint Account Holder's Signature Date
(if applicable)

TO BE COMPLETED BY BANK/FINANCIAL INSTITUTION

I certify that the account **is not** a **Trust Account** and the above information is true and correct.

Printed Name of Official

Title of Official

Name of Bank/Institution

Signature

Address

Date

City, State, Zip Code

Phone Number