HAWAII TEAMSTERS TRUST FUNDS

560 N. Nimitz Highway, Suite 209, Honolulu, Hawaii 96817 Phone (808) 523-0199 • Toll-Free 1 (866) 772-8989 • Fax (808) 537-1074

Hawaii Truckers Pension Plan

Teamsters Health & Teamsters Union • Welfare Trust Fund •

Teamsters Legal Services Plan

Teamsters Training and Opportunity Program

RE: HAWAII TRUCKERS – TEAMSTERS UNION PENSION PLAN **AUTHORIZATION FOR PENSION DIRECT DEPOSIT**

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. 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 deposited into a Joint or Trust Account)
- 5. Bank Name
- 6. Bank Routing or Transit Number

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 File CC:

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PENSION DIRECT DEPOSIT AUTHORIZATON FORM

ACCOUNT INFORMATION

Name:	
Address:	
SSN:	Phone Number: ()
Name of Bank/Financial Institution:	
Address of Bank/Financial Institution:	
PARTICIPANT MUST BE THE PRIMARY & SOLE ACCOUNT HOLDER Joint Account: Yes No (PAYMENTS MUST NOT BE DEPOSITED INTO A JOINT ACCOUNT)	
Account Type: (Please check only one)	ecking Savings
Trust Account: Yes No (PAYMENTS MUST NOT BE DEPOSITED INTO A TRUST ACCOUNT)	
Routing or Transit Number:	Account Number:
AUTHORIZATION AGREEMENT	
I hereby authorize the Hawaii Truckers – Teamsters Union Pension Plan to make direct deposits to my account at the bank/financial institution 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 this bank/financial institution to debit my account for the purpose of error correction and refund of payments inadvertently made even after my death.	
Primary Account Holder's Signature	Date
TO BE COMPLETED BY BANK/FINANCIAL INSTITUTION I certify that 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

PENSION 2022