

# AUTOMOTIVE INDUSTRIES PENSION FUND



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756  
TELEPHONE (800) 635-3105 | FAX (925) 588-7121  
[www.aitrustfunds.org](http://www.aitrustfunds.org)

## ELECTRONIC FUND TRANSFER REQUEST

### ACCOUNT INFORMATION

Select one:

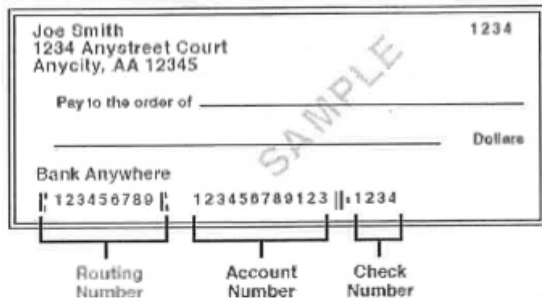
- Checking Account (enclose a **voided check**)
- Savings Account (enclose a **savings deposit slip**)

Bank Name: \_\_\_\_\_ Bank Phone Number: \_\_\_\_\_

Branch Address: \_\_\_\_\_  
\_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_



As benefit payments become due to me from the Pension Plan, I authorize the Pension Plan Administrative Office to pay by directing the electronic transfer of funds, (or if not available, by direct mail of a check) to the order of the above-named financial institution for credit to my account. I authorize said financial institution to refund an amount equal to any payments which become due after my death that have been credited to my account or to charge the account accordingly. I reserve the right to cancel this authorization and direction by giving written notice to the Pension Plan Administrative Office. I will notify the Pension Plan Administrative Office in writing regarding a change in permanent residence and advise, at that time, if checks are to continue to be sent to the financial institution named above.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Check this box if this is a new address

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_