Local Union No. 154 Benefit Funds 370 Motor Parkway Hauppauge, New York 11788 Phone: (631) 435-0655 Fax: (631) 435-0262

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize The Local 154 Pension fund to initiate automatic deposits to my account at the financial institution named below. I also authorize The Local 154 Pension fund to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold The Local 154 Pension fund responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until The Local 154 Pension fund receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Fund Office.

Account Information	
Name of Financial Institution:	
Routing Number:	
Account Number:	☐ Checking ☐ Savings
Signatu	re
Print Name:	
Authorized Signature (Primary):	Date:
Authorized Signature (Joint):	Date:

Please attach a voided check and return this form to the Local 154 Fund Office.