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ELECTRONIC TRANSFER AUTHORIZATION

Name: _____ Social Security #:_____

Address:_____ City, State, Zip:_____

Phone: (_____)_____

I (we) hereby authorize Roofers Local # 195 Pension Fund to deposit by electronic transfer, my monthly benefit payment, to my (our) checking/savings account as indicated below.

Bank Name:_____ Checking or Savings:_____

Account #:_____ Bank Routing #:_____

If joint account, this authorization must be signed by joint account holder. By signing this form, the retiree and any joint account holder, each authorizes the applicable financial institution to accept deposits on the behalf of the retiree. It also authorizes the institution to debit the account in the event of an overpayment, in order for the Roofers Local #195 Pension Fund ("Fund") to recover any payments to which the retiree was not entitled (for example after the death of the retiree) or which were deposited to the account in error. This means of recovery shall not prevent the Fund from utilizing any other lawful means to retrieve payments to which the retiree (employee) or joint account holder is not entitled.

_____   _____
            Participant's Signature   Date

State of: _____
County of: _____

On the _____ day of _____, before me came _____to me known and known to me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

                                        _____
                                                    Notary Public

_____   _____
        Joint Account Holder's Signature   Date

State of: _____
County of: _____

On the _____ day of _____ before me came _____to me known and known to me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

                                        _____
                                                    Notary Public

*Please attach Void Check here (do not use a deposit ticket):
Note: Change in banking institution takes 15 days from the time your form is received in our office.
Please note that any deposits will be credited to your original account until such time your new account has been authorized by our bank. Do not close your old account for 30 days from the time of your request of change.