

Alberta Sheet Metal Workers' Retirement Trust Fund Authorization for Direct Deposit of Monthly Pension Income

(Direct Deposit will be processed on the 25th of the month (or the Monday following if the 25th is a weekend))

I, _____ of
Please Print Name

Street City, Province Postal Code

Telephone Number

being a Member in receipt of pension income from the Alberta Sheet Metal Workers' Retirement Plan, authorize the crediting of my **net** monthly pension to my bank account by method of Direct Deposit.

Bank Transit #: _____

Bank Institution #: _____

Account #: _____

NOTE: All foregoing numbers must be provided. If your deposit is to a chequing account, please attach a **VOID** cheque.



Name of Bank: _____

Bank Address: _____
Street City, Province Postal Code

Bank Telephone: _____

I further acknowledge by my signature, duly dated, that I shall be responsible for any costs incurred by the Alberta Sheet Metal Workers' Retirement Trust Fund that may arise from my failure to immediately advise Alberta Sheet Metal Workers' Retirement Trust Fund of any change, for any reason, to my bank account number or address of the bank, from the foregoing information.

Member Signature

Date of Signature

For Administration Office Use Only:

Accepted by and on behalf of the Alberta Sheet Metal Workers' Retirement Trust Fund
this _____ day of _____, _____.

Wanda Hoyle, CEB, Plan Administrator