

**General Building Laborers Local No. 66  
Pension Fund**

1600 Walt Whitman Road  
Melville, NY 11747  
Phone # (631) 454-2330  
Fax# (631) 249-6290

**DIRECT DEPOSIT ENROLLMENT**

**Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Bank Name:** \_\_\_\_\_

**ABA/Routing Number:** \_\_\_\_\_

(9 digit number get from your Bank)

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

I hereby authorize General Building Laborers' Local #66 Pension Fund to deposit each of my Pension benefits to my (  ) **Checking Account** or to my (  ) **Savings Account** at the institution indicated on this enrollment form.

I understand that this authorization remains in effect until the General Building Laborers' Local #66 Pension Fund receives from me **Written Notification** to terminate the authorization. **YOU MUST NOTIFY THE FUND OFFICE OF A CHANGE OF ADDRESS.**

\_\_\_\_\_  
Signature of Pensioner

\_\_\_\_\_  
Date

**PLEASE PROVIDE US WITH AN E-MAIL ADDRESS OR PHONE NUMBER TO CONTACT YOU WHEN YOU ARE NOT AVAILABLE:** \_\_\_\_\_  
\_\_\_\_\_