UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS
HEALTH AND WELFARE FUND

DISABILITY BENEFIT DIRECT DEPOSIT AUTHORIZATION FORM

This form must be completed if you elect to receive your Disability Benefit payment(s) via direct deposit.

Dear Participant:

Participants of the UFCW Local 1776 and Participating Employers Health and Welfare Fund who receive disability benefits may elect to receive their payments via direct deposit into a bank account.

Therefore, please fill in the form below with the requested information:

Participant Name: _____
Please Print

Participant SSN: _____

Bank Name: _____

Bank Address: _____
Street

_____
City State Zip Code

Routing/Transit Number: _____

Bank Account Number: _____

****CALL YOUR BANK IF YOU NEED HELP WITH ROUTING AND/OR ACCOUNT INFORMATION****

Check one: ❒ **Checking Account** (ATTACH A VOIDED CHECK) ❒ **Savings Account**

By completing this form, I elect to have my Disability Benefit payments deposited directly into my bank account. I authorize my bank to make appropriate adjustments if an incorrect amount is ever entered into my account. I understand that this election will remain in force and effect until 30 days after the Fund Office receives my written request to cancel the direct deposit service. **I also understand that if I cancel this direct deposit authorization, my Disability Benefits will be paid to me via a Rapid! Pay Card issued by the Fund**.

_____ _____
DATE PARTICIPANT SIGNATURE

****This form must be completed and returned to the Fund Office****

Walton Campus – 3031B Walton Road – Plymouth Meeting, PA 19462 Phone: 610-941-9400 Fax: 610-941-9602
Email: fund@1776funds.org