



Choice Plan DIRECT DEPOSIT AUTHORIZATION FORM

Dear Choice Plan Participant:

As you know, you are enrolled in the UFCW Local 1776 & Participating Employers Choice Plan (“Choice Plan”). As a result, you receive monthly benefit credits (“Benefit Credits”) based on your election of the Paid Time-Off (cash) option. Effective as of October 1, 2016, any Benefit Credits in your Paid Time Off bank will be paid to you via direct deposit into your 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 Benefit Credits 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 Benefit Credits will be paid to me via a Rapid PayCard issued by the Fund.**

DATE

PARTICIPANT SIGNATURE

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

- This was printed from the ufcw1776benefitfunds.org website -