



# **Laborers' COMBINED FUNDS OF WESTERN PENNSYLVANIA**

*Serving the Laborers' District Council of Western Pennsylvania  
Pension Fund, Welfare Fund and other affiliated Funds*



12 EIGHTH STREET • SUITE 500 • PITTSBURGH, PENNSYLVANIA 15222

PHONE: 412-263-0900 • WEBSITE: [www.lcfowpa.com](http://www.lcfowpa.com)

## **IMPORTANT NOTICE – YOU MUST APPLY FOR DIRECT DEPOSIT**

Dear Pensioner:

To receive your monthly pension benefit from the Laborers' District Council of Western Pennsylvania Pension Fund, you must sign up for automatic direct deposit into either your bank savings or checking account.

**Please complete the entire form or enclose a voided personal check identifying your bank routing and checking/savings account number and complete the bottom portion of the form.** A postage paid envelope is provided for your convenience in returning the form to the Laborers' District Council of Western Pennsylvania Pension Fund.

Once your completed form is received by our office, it will take one month for the verification of routing and account numbers. Your pension benefit for that month will be mailed to your home. The following month your pension benefit will be electronically deposited and our office will mail you a notice of the amount deposited; thereafter, your bank statement will serve as notice of each deposit.

**Please be advised that if you do not receive your initial check after 5 business days, you must notify the Pension Fund in writing. Upon receipt of written notice the Pension Fund will issue you a replacement check. You may submit the notice to the Pension Fund via regular mail, fax to 412-263-2813 or email to [pension@lcfowpa.com](mailto:pension@lcfowpa.com).**

In order for the Pension Fund to properly serve you, it is **extremely important** that you inform the Fund Office of any change in your bank information, mailing address and/or telephone number so we may avoid any delays in your receipt of your pension benefit and inform you of any changes in the Pension Plan.

If you have any questions and

- Your last name begins with A through G contact Temple Bennett at 412-263-2652;
- Your last name begins with H through O contact Kim Hays at 412-263-2174;
- Your last name begins with P through Z contact Matt Burke at 412-263-0628;

or call the Fund Office's toll free number at 1-800-242-2538 and ask for the appropriate representative listed above.

Sincerely,

PENSION DEPARTMENT

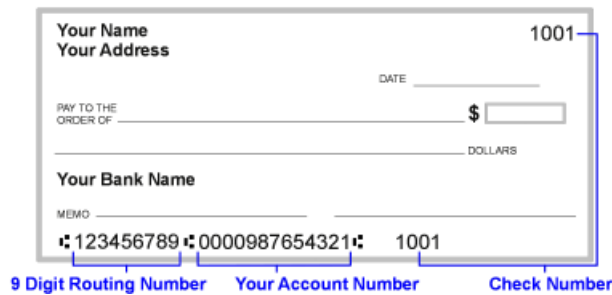
**ALL FORMS RECEIVED AFTER THE 20TH OF THE  
MONTH WILL BE PROCESSED NEXT MONTH**

# AUTHORIZATION AGREEMENT FOR ACH DIRECT DEPOSIT OF PENSION PAYMENTS

I (we) hereby authorize and request Laborers' District Council of Western Pennsylvania Pension Fund hereinafter called PENSION FUND to make payment of any amount owing to me (either of us) for Pension Benefits by initiating credit entries to my (our) Checking/Savings account indicated below in the bank or institution named below, hereinafter called BANK.

Bank Name	Bank Address
Bank Transit Routing Number	City <span style="float: right;">State <span style="float: right;">Zip Code</span></span>
Pensioner's Bank Acct. Number	Type of Account Checking _____ Savings _____

Example of where to locate **Bank Transit Routing Number** and **Your Account Number**



It is understood that this agreement can be terminated at any time by me, my power of attorney or my guardian by providing written notice to the PENSION FUND. Any such termination request must be received by the 20th of the month for termination the first of the following month.

I (we) hereby authorize the PENSION FUND to debit my (our) account for amounts issued in error not to exceed the original credit or for any payments to BANK for the month(s) following the death of myself (either one or both of us), which must be repaid to the PENSION FUND. I (we) agree that the PENSION FUND shall have the right to require from time to time evidence that I (we) am (are) living.

I (we) agree to promptly notify the PENSION FUND of any change of mailing address or direct deposit bank account. It is understood that failure to notify the PENSION FUND of any such change will result in the suspension of pension benefits.

Pensioners' Name (Please Print)	Social Security Number
Pensioners' Signature	Date

If any other individual(s) are listed along with the pensioner on this bank account, the other listed individual(s) must sign and complete the information below:

(1) Name of Joint Account Holder (Please Print)	Social Security Number
Signature of Joint Account Holder	Date
(2) Name of Joint Account Holder (Please Print)	Social Security Number
Signature of Joint Account Holder	Date