



**DIRECT DEPOSIT FORM**  
 Construction Laborers' Pension Trust of Greater St. Louis  
 2357 59<sup>th</sup> Street • St. Louis, MO 63110  
 Phone: 314-644-2777 Fax: 314-645-6226

**INFORMATION**

Name of Pensioner: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ACCOUNT INFORMATION**

**NOTE:** If you are using a checking account for your direct deposit, you need to attach a VOIDED check. If you don't have a check to provide, then you must have the Financial Institution Certification portion completed by your Financial Institution Representative. Also, if the account you are providing is a joint account, both account holders need to complete the Joint Payee portion.

Type of depositor account:  Checking  Savings Do you elect to have direct deposit? Yes No

Routing No. 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Deposit Account No. 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Depositor Account Title: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

**FINANCIAL INSTITUTION CERTIFICATION:** I confirm the identity of the above-named payee and the account number and title. As representative to the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above.

\_\_\_\_\_  
 Print or Type Representative Name Phone Number

\_\_\_\_\_  
 Signature of Representative Date

**PAYEE/JOINT PAYEE CERTIFICATION:** I certify that I am entitled to the payments identified above and that I have read and understand the information contained within this form. In signing this form, I authorize my payments to be sent to the financial institution named above to be deposited to the designated account.

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

\_\_\_\_\_  
 Signature of Joint Payee Date

**SPECIAL NOTE TO JOINT ACCOUNT HOLDERS**

Joint account holders should immediately inform both the pension office and the financial institution of the death of the beneficiary. Funds deposited after the date of death or ineligibility is returned to the pension office. The pension office will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

**CANCELLATION**

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the pension office or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that (s)he is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the pension office if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the pension office.

**CHANGING RECEIVING FINANCIAL INSTITUTIONS**

The payee's direct deposit will continue to be received by the selected financial institution until the pension office is notified by the payee that the payee wishes to change the financial institution receiving the direct deposit. To effect this change, the payee will complete a new direct deposit form at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution received the payee's direct deposit payment.

**FALSE STATEMENT OR FRAUDULENT CLAIMS**

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both presenting a false statement or making fraudulent claims

**RETURN FORM TO:**

**Construction Laborers' Pension Trust of Greater St. Louis  
2357 59<sup>TH</sup> Street  
St. Louis, MO 63110  
Phone: 314-644-2777 Fax: 314-645-6226**