

Los Angeles Hotel-Restaurant Employer-Union Retirement Fund

Administered By: Benefit Programs Administration

Telephone • (800) 252-9117 • (562) 463-5020 • Facsimile (562) 463-5894

RE: ELECTRONIC FUNDS TRANSFER (EFT)

Dear Pensioner,

Our records indicate that your monthly pension check is being sent **BY MAIL** either to your **address** or to your **bank**.

The Board of Trustees are pleased to offer to you the ability to have your monthly pension benefit directly transferred to your bank account through **Electronic Funds Transfer (EFT)**.

Please note the following advantages with Electronic Fund Transfer –

- *Your monthly pension is automatically deposited to the financial institution at no cost to you;*
- *The money is always available on the first business day of the month;*
- *Direct deposit guarantees that the money is available to you in your account promptly and safely; and*
- *There are no mail delays, risk of loss, or theft.*

We have enclosed an EFT Form should you wish to avail of this service. Please return this form to the Trust Office with either:

- 1) **Voided check** – if you want your pension deposited to your **Checking Account, or,**
- 2) **Deposit Slip** – if you want your pension deposited to your **Savings Account.**

DO NOT RETURN THIS FORM IF YOU WANT YOUR PENSION CHECK SENT BY MAIL TO YOUR ADDRESS OR TO YOUR BANK.

Sincerely,

ADMINISTRATIVE OFFICE

Los Angeles Hotel-Restaurant Employer-Union Retirement Fund

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AUTHORIZATION FOR ELECTRONIC DEPOSIT OF PENSION BENEFITS (EFT)

Name (*Please type or Print*)

Social Security No.

Mailing Address

Telephone No.

City, State, Zip

I hereby authorize the LOS ANGELES HOTEL-RESTAURANT EMPLOYER-UNION RETIREMENT FUND to electronically transfer my pension benefits, including corrections, to my (please check one of the following):

☐

Checking Account

☐

Savings Account

☐

Other Account

Bank's Transit Routing Numbers (ABA No.)

Account No.

Please attach a VOIDED CHECK or a Savings Account DEPOSIT SLIP to this Form.

This authorization shall remain in effect until the Los Angeles Hotel-Restaurant Employer-Union Retirement Fund has received written notification of its termination, or until the Fund has sent me written notice of its termination. I understand that any funds received by the designated financial institution after my death are to be returned to the Fund, and I authorize the financial institution to refund the same to the Fund and charge all payments to this account.

Funds are to be deposited at the following:

Name of Financial
Institution _____

Please print or type

Address _____

Street City State Zip
Name(s) on Account:

Please print or type

Your Signature

Date

Joint Account Holder's Signature (*A Joint Account requires both signatures*)

Date