

**U.A. LOCAL 447 PIPE TRADES TRUST FUNDS
PENSION DEFINED BENEFIT
DIRECT DEPOSIT ENROLLMENT FORM**

Social Security #: _____

Name: _____

Street: _____

City/State/Zip Code: _____

Phone Number: (_____) _____

Type of Account: **Checking** **Savings** **Market Rate**
(Please check one)

Name of Bank: _____

Account Number: _____

I authorize U.A. Local 447 Pipe Trades Trust Fund to deposit my monthly pension check to the bank account number I have provided to the Fund on this election form.

Signature

Date

**ATTACH VOIDED CHECK HERE
DO NOT USE A DEPOSIT SLIP**