

**PIPEFITTERS WELFARE FUND, LOCAL 597**  
**REQUEST FOR DIRECT DEPOSIT OF WEEKLY ACCIDENT-SICKNESS DISABILITY**  
Phone (312) 633-0597 ext. 235  
Email to [cmoriarty@funds597.org](mailto:cmoriarty@funds597.org)

Dear Participant:

If you would like to have direct deposit of your weekly disability payment each week, fill out the "Request for Direct Deposit" form. Please have your bank verify the routing number and the account number. Include a voided check or letter from your bank to help us verify the correct numbers: Tell us your bank name, where it is located and whether you want your benefit to go into your checking or savings account. **Failure to provide this information may result in delay of your weekly disability benefit payment. Please be advised the Fund Office does not accept temporary checks or deposit slips as verification.**

Should you have any questions, please contact The Fund Office.

I hereby request that Pipe Fitters Welfare Fund, Local 597 deposit my weekly disability benefit directly into the account identified below.

I understand that weekly disability benefits are payable only during the disability dates specified on the initial disability form.

**◆ATTACH A VOIDED CHECK OR LETTER FROM YOUR BANK◆**

Name		_____	
Address		_____	
City	State/Zip Code	_____	
Phone #	Email Address	_____	
Local Union 597 Card # or Social Security #			
_____			
Bank Name			
_____			
Bank City	State	_____	
Check Type of Account:    Checking <input type="checkbox"/> Savings <input type="checkbox"/>			
_____			
Bank Routing #	Account #	_____	
Signature		Date	/ /
_____		_____	_____