

**PIPEFITTERS RETIREMENT FUND, LOCAL 597  
REQUEST FOR DIRECT DEPOSIT OF PENSION BENEFIT**

Phone (312) 633-0597 - Fax (312) 829-9796  
www.pf597.org

Dear Pensioner:

If you would like to have direct deposit of your pension payment each month, 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 pension 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 request Pipe Fitters Retirement Fund, Local 597 to deposit my monthly pension benefit directly into my account as identified below.

I understand that retirement income benefits are payable to me only during my lifetime. I, therefore, authorize and direct the bank designated herein to charge my account for any payment made after my death and to refund any such payment to Pipe Fitters Retirement Fund, Local 597.

I understand that this Request for Direct Deposit shall remain valid until I notify the Retirement Income Plan in writing to the contrary.

**◆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     Savings

Bank Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Signature \_\_\_\_\_ Date    /    /