

# Local 710 Health, Welfare and Pension Funds



## UNION TRUSTEES:

Michael J. Cales, Co-Chairman  
Bernard T. Sherlock  
Delmar R. Schaefer

## EMPLOYER TRUSTEES:

Samuel D. Pilger, Co-Chairman  
Gary F. Caldwell  
Daniel G. Hoyer

9000 W. 187TH STREET, SUITE 200  
MOKENA, ILLINOIS 60448  
TELEPHONE 773/254-2500

© 1994 I.B.T. 44-L

Dear Pensioner:

All Retirees will be required to authorize Direct Deposit of their Benefit. Please return the completed authorization form below along with a voided check or deposit slip from the account to which you wish to have your benefit transferred. In thirty days, the Automatic Deposit Program will begin. In the meantime, we will mail your Pension check to your current address on file with with the Local 710 Pension Department. If you have any questions, please call Local 710 Pension for assistance.

Sincerely,

Michael O'Malley  
Administrator

---

### AUTHORIZATION FORM

I hereby authorize Local Union 710 Pension Fund and the financial institution below to deposit my Pension benefit directly into my account each month. This authority will remain in effect until I file a new Authorization Form or cancel participation in writing.

PLEASE PRINT

Payee Name: \_\_\_\_\_ Soc. Sec. No: \_\_\_\_\_

Bank's Name: \_\_\_\_\_ Bank's Phone No: \_\_\_\_\_

Bank's Address: \_\_\_\_\_

Bank's City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank's Routing No: \_\_\_\_\_ Account: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please place an 'X' next to the type of Account: Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

IMPORTANT: Please return the Automatic Deposit Authorization Form to:

Local 710 Pension Fund  
9000 West 187th Street  
Mokena, Illinois 60448