



Local 2/Hospitality Industry

Child & Elder

Care Plan

209 Golden Gate Avenue, San Francisco, CA 94102 • 415/864-0506
ChildElderPlan@local2benefits.org • www.local2benefits.org

WOULD YOU LIKE TO USE “DIRECT DEPOSIT” TO DEPOSIT YOUR CHECK FROM US?

This method of depositing checks can be faster and more reliable than receiving your check through the mail. The money would go directly into your bank account on the day we mail the checks out so instead of waiting for your check to arrive, the money will be sitting in your bank account.

Please complete the form on the back of this page if you would like to have direct deposit.

* * * * *

你喜欢用“直接存款”的方式把我们给你的支票直接存入您帐户吗？

以这种方法存入支票比通过邮件收到你的支票更快，更可靠。在我们邮寄出支票的那天，这笔钱已直接进入你的银行帐户，而不是等待支票的到达，这笔钱已存进你的银行帐户里。

如果你想使用直接存款的话，请填写这页纸背面的表格。

* * * * *

¿DESEA USTED UTILIZAR EL ‘DEPÓSITO DIRECTO’ PARA DEPOSITAR EL CHEQUE QUE RECIBE DE NOSOTROS?

Este método de depositar cheques puede ser más rápido y más confiable en vez de recibir un cheque por correo. El dinero se depositará directamente a su cuenta bancaria el día que se envíe los cheques, así que en vez de esperar que llegue su cheque, el dinero estará en su cuenta bancaria.

Por favor complete el formulario que se encuentra de tras de esta pagina si desea obtener el deposito directo de su cheque.



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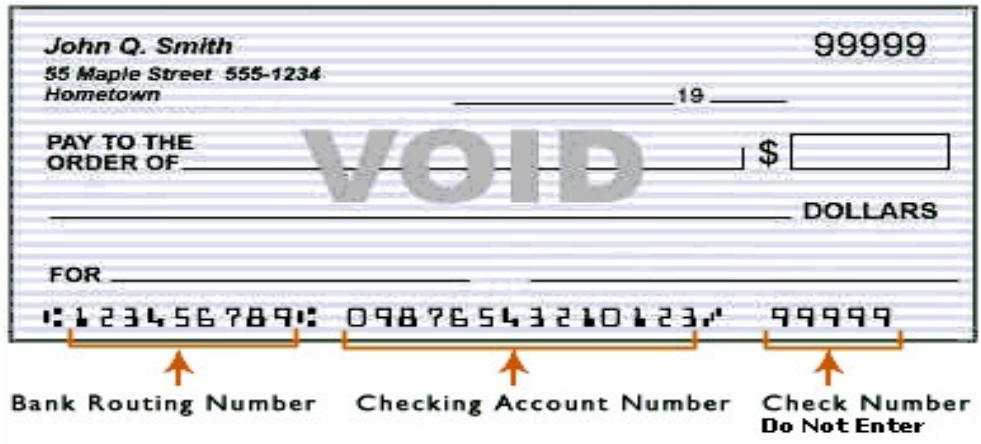
BANK INFORMATION

Account Type ___ Checking ___ Savings

Bank Name _____

Bank Routing Number _____

Bank Account Number _____



YOUR INFORMATION

Name _____ Social Security Number: _____

Address _____

Phone Number _____

DIRECT DEPOSIT ENROLLMENT

Attach a voided check if you want deposits made to your checking account. If you want deposits made to your **savings account**, attach a **savings deposit slip**.

Sign and date this form at the bottom to begin the direct deposit enrollment process. It may take up to 4-6 weeks to implement. We cannot send funds to foreign banks.

AUTHORIZATION AGREEMENT

This authorizes the Local 2/Hospitality Industry Child & Elder Care Plan (the Plan) to send credit entries (and appropriate debit and adjustment entries) electronically or by any other commercially accepted method to my account indicated above and to other accounts I identify in the future (the "Account"). This authorizes the financial institution holding the Account to post to such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. law.

Further, I agree to not hold the Plan responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

The authorization shall remain in effect until I have given written notice of termination or until the Plan has notified me that the Plan has discontinued direct deposits.

SIGNATURE _____ **DATE** _____