



DIRECT DEPOSIT FORM
Construction Laborers' Pension Trust of Greater St. Louis
2357 59th Street • St. Louis, MO 63110

INFORMATION

Name of Pensioner: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

SSN: _____ - _____ - _____ Date of Birth: ____/____/____

Email: _____

ACCOUNT INFORMATION

Type of depositor account: Checking Savings Do you elect to have direct deposit? Yes No

Routing No.

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Deposit Account No.

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Depositor Account Title: _____

Financial Institution Name: _____

Financial Institution Address: _____

FINANCIAL INSTITUTION CERTIFICATION: I confirm the identity of the above-named payee and the account number and title. As representative to the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above.

Print or Type Representative Name Phone Number

Signature of Representative Date

PAYEE/JOINT PAYEE CERTIFICATION: I certify that I am entitled to the payments identified above and that I have read and understand the information contained within this form. In signing this form, I authorize my payments to be sent to the financial institution named above to be deposited to the designated account.

Signature of Pensioner Date

Signature of Joint Payee Date