



**CEMENT & CONCRETE WORKERS DISTRICT COUNCIL
FRINGE BENEFIT FUNDS**

Annuity ~ Pension ~ Scholarship ~ Vacation ~ Welfare

214-38 42nd Ave, 2nd Floor • Bayside, NY 11361

Phone (718) 762-6133 Fax (718) 762-5144

AUTHORIZATION FOR SHORT-TERM DISABILITY

DIRECT DEPOSIT FORM

Please complete all information below:

MEMBER'S NAME: _____

MEMBER'S MAILING ADDRESS: _____

CITY, STATE & ZIP CODE: _____

LAST FOUR DIGITS OF MEMBER'S SOCIAL SECURITY NUMBER: _____

NAME OF YOUR BANK: _____

TYPE OF ACCOUNT: _____ CHECKING _____ SAVINGS (Check One)

YOU MUST ATTACH ONE OF THE FOLLOWING

****NO HANDWRITTEN ACCOUNT NUMBERS WILL BE ACCEPTED****

1. To deposit monies into a checking account:

- ❖ A voided check from the account where you want your funds to be deposited,
OR
- ❖ A Direct Deposit Authorization Form completed by a bank officer at your bank.

2. To deposit monies into a savings account:

- ❖ A Direct Deposit Authorization Form completed by a bank officer at your bank.

Cement and Concrete Workers District Council **Welfare Fund** is hereby authorized to directly deposit my short-term Disability monies into the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

MEMBER'S SIGNATURE: _____ DATE: _____