

**ROOFERS LOCAL # 195**  
**HEALTH, ACCIDENT & PENSION FUNDS**

7706 Maltlage Drive • Liverpool, New York 13090  
Phone: (315) 699-1388 • Fax: (315) 699-1390

**ELECTRONIC TRANSFER  
AUTHORIZATION**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_

I hereby authorize Roofers Local # 195 Pension Fund to deposit by electronic transfer, my monthly benefit payment, to my checking/savings account per the attached deposit ticket\*.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

Bank Name: \_\_\_\_\_ Checking or Savings: \_\_\_\_\_

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

**\*Please attach Deposit Ticket here:**