

Roofers' Local #195  
Health, Accident & Pension Funds  
6200 State Route 31 Cicero, NY 13039  
Phone: (315) 699-1388 Fax: (315) 699-1390

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November 8, 2004

## 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 and mail form to the address above:**