

VEBA TRUST FOR RETIREES OF FHDA – BENEFITS DEPARTMENT
6800 Santa Teresa Blvd. Suite 100, San Jose, CA 95119 Phone: (408) 288-4400 or (877) 827-4239
ELECTRONIC FUND TRANSFER REQUEST

- You **MUST** enclose a **voided check** if you want deposits made to your checking account **OR**;
- You **MUST** enclose a **savings deposit slip** if you want deposits made to your savings account.

****If you do not submit a voided check or savings deposit slip with this form, we will be unable to process your request. We will return this form back to you for you to complete.****

- This form **MUST** be **signed and dated**.
It may take up to 4-6 weeks to process your EFT, during which time your check may be mailed to your home address.
- Please be advised that this office **cannot** send funds to foreign banks.

If you have any questions, please feel free to contact the Trust Fund Office at your convenience.

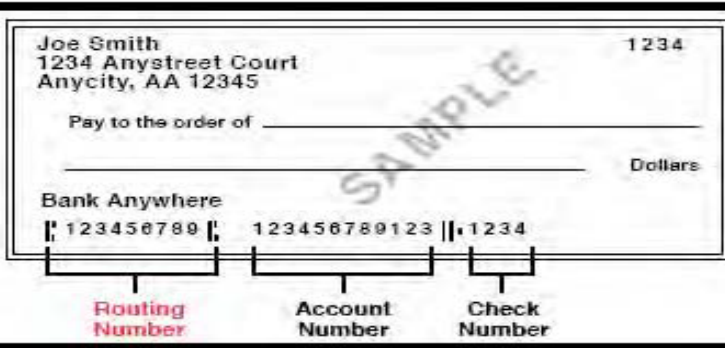
ACCOUNT INFORMATION

SELECT ONE: Checking Account **OR** Savings Account

Bank Name: _____ Bank Phone Number: _____

Branch Address: _____

Routing Number: _____ Account Number: _____



As benefit payments become due to me from the Benefits Department, I authorize the Plan Administrative Office to pay by directing the electronic transfer of funds, (or if not available, by direct mail of a check) to the order of the above-named financial institution for credit to my account. I authorize said financial institution to refund an amount equal to any payments which become due after my death that have been credited to my account or to charge the account accordingly. I reserve the right to cancel this authorization and direction by giving written notice to the Plan Administrative Office. I will notify the Plan Administrative Office in writing regarding a change in permanent residence and advise, at that time, if checks are to continue to be sent to the financial institution named above.

Name: _____ Social Security Number: _____

Address: _____

Phone Number: _____ Check this box if this is a new address:

Email Address: _____

Signature: _____ Date: _____