



UPAT DC 57 of Western PA  
Box 99459  
Troy, MI 48099-9998  
(330)779-8865 Toll (833)697-1294  
[www.IUPATDC57Benefits.org](http://www.IUPATDC57Benefits.org)

## Direct Deposit

### The BEST way to receive your Wage Replacement Account (WRA) Benefit

#### And here's why...

Direct deposit is *safe* because your benefit payment is automatically deposited into your bank account – no more worrying about lost or stolen checks or delays caused by mail service.

Direct deposit is *fast* because no matter if you are sick or away from home, your check is still deposited into your account. No more standing in long bank lines or waiting for your check to clear.

Direct deposit is *easy* because your benefit payment is deposited into your checking or savings account on time, correctly and confidentially.

Please take a few minutes and complete the form on the back so you can take advantage of the benefits of Direct Deposit. Please note, this is only for those that have contributions submitted on their behalf for either the SUB Fund, the Vacation Fund or both. It can take up to 45 days for the direct deposit set-up to be completed. There is no cost to you.

#### \*\*\*IMPORTANT\*\*\*

If you elect to begin Direct Deposit, please notify the Fund Office *immediately* whenever you change your address so that our records will be updated.

**IUPAT WELFARE FUND OF WESTERN PENNSYLVANIA  
WAGE REPLACEMENT ACCOUNT (WRA)  
DIRECT DEPOSIT AGREEMENT (OPTIONAL)**

**Email:** IUPATDC57WRA@benesys.com

THIS FORM APPLIES TO:  WRA BENEFITS

Name of Payee \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_

**Bank Account Information** – **Attach a voided check below from your account** and/or complete the information below. See sample check at the bottom of the page for help completing this section. **DO NOT** attach a deposit slip.

Routing No. \_\_\_\_\_ Account No. \_\_\_\_\_

Type of Account:  Checking  Savings

**Financial Institution**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

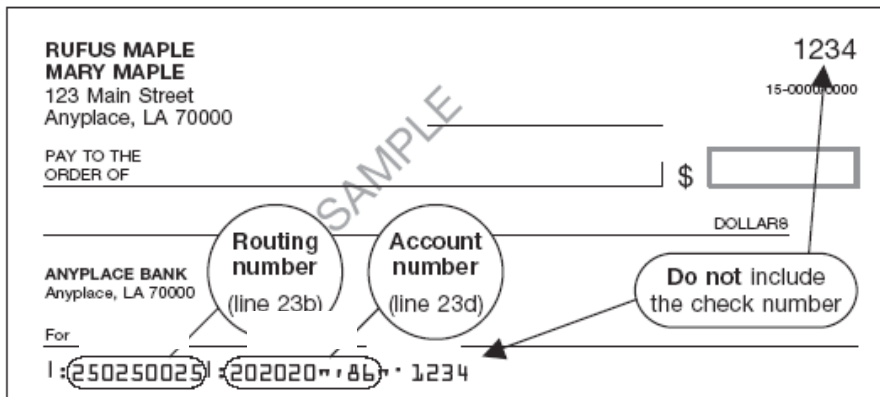
Telephone No. (\_\_\_\_) \_\_\_\_\_

I, the undersigned, hereby authorize the Board of Trustees of the IUPAT Welfare Fund of Western Pennsylvania (the Welfare Fund) to deposit all amounts due to me from my Wage Replacement Account under the Welfare Fund into my account at the Financial Institution named above. This authorization shall remain in force until I revoke it in writing or until my death, whichever occurs first. If, due to lack of knowledge of my death, the Welfare Fund distributes WRA benefit checks after my death for deposit in my account, I authorize and direct the Financial Institution to refund the Welfare Fund any amounts paid after my death.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(A600)



**Note:** The routing and account numbers may be in different places on your check.