



**LUSP Trust**

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**ACH FORM**

*Complete form in its entirety, then fax, email, or return to the address above.*

Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

**Automatic Deductions – Please Print Clearly**

Automatic deductions from my financial institution account on a monthly basis. Deductions will occur on the 15th of the month or the following business day.

**Check One:**

- Establish New Allotment in the amount of \$ \_\_\_\_\_ (minimum of \$7)
- Change Existing Allotment from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ Per Pay Period (minimum of \$7)
- Cancel Existing Allotment

Name on the Account \_\_\_\_\_ Account Type:  Checking  Savings

ABA / Routing # \_\_\_\_\_ (9 digits located in the bottom left corner of check or deposit form. A copy of a voided check (checking) or a letter from the financial institution (savings) must be included with this form to verify banking numbers. We cannot accept a deposit slip or starter check for banking numbers.)

Account # \_\_\_\_\_ (Listed directly after the ABA number at the bottom of the check.)

Name of Financial Institution \_\_\_\_\_

By signing this Authorization, I acknowledge that my financial institution will process ACH transactions, which may require an ACH deduction prior to the basis selected above, to allow time for processing. I further acknowledge that personal bank fees and/or insufficient fund fees may apply to my individual institution, and I agree to hold LUSP Trust harmless from responsibility for loss or damage due to referenced fees, errors, delays, and/or inaccuracies in transmission.

This authorization will remain in effect unless or until Local Unions Supplemental Pension and Severance Fund Trust receives written notification from me to terminate this authorization in such time and manner as to afford a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature of Member \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date

**Please Include A Voided Check**