



LUSP Trust

365 Route 304, Suite 204, Bardonia, NY 10954
Tel 845-367-7625 • Fax 845-501-4153
www.lusptrust.org • general@lusptrust.org



MEMBER INFORMATION FORM

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

Enroll Change Name Change Address

Member Information – Please Print Clearly

Name _____ SSN _____ - _____ - _____ Date of Birth ____ / ____ / ____

Address _____ City _____ State _____ Zip _____

Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____ Email _____

Previous Name _____

Previous Address _____ City _____ State _____ Zip _____

For Verizon Employees Only:

Please complete and return the Verizon Allotment Authorization Form for payroll deductions.

For ACH Contributing Members:

Please complete and return the ACH Process Authorization Form.

For All Other Contributing Members, You May:

- Make a **LUMP SUM contribution** with a minimum \$500.00 check made payable to LUSP TRUST and mailed to our office here at 365 Route 304 Suite 204, Bardonia, NY 10954.
- Make a **BILL PAY contribution** using your online banking. Any amount you would like in increments of \$7.00. Set up the “payee” to be LUSP TRUST, 365 Route 304 Suite 204, Bardonia, NY 10954. Use the last 4 digits of your SSN as the Account Number. You may set up recurring payments if your bank allows it.

_____/_____/_____
Signature of Member Date