



**MEMBER ID:** \_\_\_\_\_

Complete this form to change banking information.

**PERSONAL INFORMATION**

SSN: \_\_\_\_\_

Name of Member (last, first, middle initial): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

**DEPOSITORY INFORMATION**

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Account Type: [ ] Checking [ ] Savings

Please attach a voided check or savings deposit slip.

Any changes to the above specified depository information must be submitted in writing. Please note that checks may be issued by the Pension Boards or by our bank Northern Trust.

**SIGNATURE**

**Single Name Account Agreement**

If Northern Trust, on behalf of the Pension Boards, should make a payment after my death, I hereby agree, on behalf of my executors and administrators, that my estate, and depository listed above, will refund any such money to PBUCC.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Joint Name Account Agreement**

If any funds credited to the account that represent a payment to the member made after the death of such member, the undersigned will take no action to withdraw such funds from the account. The undersigned also agrees to return such funds to PBUCC. This shall not in any way diminish any rights that the undersigned may have to receive any payment under the Plan.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return this signed and completed form by email to: [info@pbucc.org](mailto:info@pbucc.org); by fax: 212.729.2701; or mail to: Pension Boards-UCC, 475 Riverside Drive, Suite 1020, New York, NY 10115.