

*Heavy and General Laborers' Funds  
of New Jersey*

*Local 472 and Local 172*

Joseph P. Madden Building, 700 Raymond Boulevard  
Newark, New Jersey 07105

Phone: 973-589-5050  
Fax: 973-589-3276

**Trustees**

Antonio Oliveira  
*Co-Chairman*  
Jack Kocsis, Jr.  
*Co-Chairman*  
Robert A. Briant, Jr.  
*Co-Chairman-SET Fund*  
Raymond M. Pocino  
*Secretary*

Manuel Amador, Jr.  
Anthony Capaccio  
Frank Criscola, Jr.  
Nelson Ferreira  
Gerard Isabella  
Pat Mancini  
Michael Testa  
Joseph Walsh  
Jeffrey S. Waters

Susanin, Widman &  
Brennan, PC  
*Counsel*  
Zazzali, Fagella, Nowak,  
Kleinbaum & Friedman  
*Counsel*

Robert Calamari  
*General Manager*

Beverly Ceaser  
*Assistant General  
Manager*

**AUTHORIZATION FOR ELECTRONIC DIRECT DEPOSIT**

I hereby authorize the Heavy & General Laborers' Local Union 472 and Local Union 172 of New Jersey Pension Fund to electronically transfer all benefit payments to which I am entitled to the bank or other financial institution named below for direct deposit into my account. I agree that receipt by the bank or financial institution of my benefit payments from the Pension Fund shall be treated as receipt by me and that neither the Pension Fund nor its' Trustees shall be responsible or liable in any way for any error or mishandling of the benefit payments by the bank or financial institution.

I have determined that the bank or financial institution named below is willing to accept electronic transfer of benefit payments from the Pension Fund for deposit into my account.

This authorization shall remain in effect until cancelled by me in writing and received by the Administrator of the Pension Fund.

**THIS PORTION TO BE COMPLETED BY PENSIONER:**

Pensioner's Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Pensioner's Home Address: \_\_\_\_\_

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

Home Telephone #: \_\_\_\_\_

Name of Bank or Financial Institution: \_\_\_\_\_

Address of Bank or Financial Institution: \_\_\_\_\_

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

Telephone # of Bank or Financial Institution: ( ) \_\_\_\_\_

Pensioner's Bank Account Number: \_\_\_\_\_

Savings

Checking

Bank's Routing/Transit/ABA Number: \_\_\_\_\_

**NOTE: please attach a voided check.**

Pensioner's Signature \_\_\_\_\_ Date \_\_\_\_\_