

Cement Masons Local 783 Pension Fund

Please FAX to 866-316-4794

DIRECT DEPOSIT BANKING AGREEMENT

I hereby authorize Frost Bank, as paying agent for the Cement Masons Local 783 Pension Fund, to transmit my retirement benefits to:

Bank Information:

Bank Name _____

Bank Address _____

City/State _____

Telephone Number _____

Routing Number _____

Account Number _____

Please check type of account

Savings

Checking

I also authorize the bank to charge the above account, or any other account in my name, for payments made after my death and to refund the overpayment to Cement Masons Local 783 Pension Fund.

PLEASE INCLUDE A VOIDED CHECK ALONG WITH THIS FORM

Participant Information:

Name _____

Address _____

City/State/Zip _____

Social Security Number _____

Telephone Number _____

Please sign and date below.

Date _____

If you have any questions, please contact the fund office @ 713-643-9300. Thank you.