

PLUMBERS, PIPE FITTERS & MES LOCAL UNION No. 392 HEALTH & WELFARE FUND
1228 Central Parkway, Room 100 · Cincinnati, OH 45202
Phone: 513-241-0444 · Fax: 513-241-1130
Email: lschwartz@local392fringefunds.com

Direct Deposit Form for Health & Welfare Benefits

Bereavement, Disability & FMLA

You will need to complete this form and provide the Benefit Office with a copy of a voided check, or a note from your bank confirming your account information. Your name must be on the account.

Checking

Savings

Bank Name: _____

Routing Number: _____

Account Number: _____

Name (please print): _____

SS# (last four): _____

Signature: _____

Date: _____