

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.**

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Checking

Savings

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

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

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

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Name (please print): \_\_\_\_\_

SS# (last four): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_