

# DIRECT DEPOSIT AUTHORIZATION FORM

NAME: \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

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

TELEPHONE NUMBER: \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_

ADDRESS OF BANK: \_\_\_\_\_

\_\_\_\_\_

BANK ABA #: \_\_\_\_\_ BANK ACCOUNT #: \_\_\_\_\_

SAVINGS  OR CHECKING  (CHECK ONE ONLY)

Please attach a copy of a canceled check or a check marked VOID.

Until further notice from me, I hereby authorize the Electrician's Retirement Fund to deposit my Pension benefit in the account indicated above and charge my account for any amounts to which I am not entitled.

I further understand that should I close the above account, I must notify the Fund Office in writing at least one month in advance, and that failure to notify the Fund Office at least one month prior to closing the above account may cause my benefit payments to be delayed.

This direct deposit may be terminated by the Electrician's Retirement Fund or myself at any time.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

YOUR SPOUSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(ONLY REQUIRED IF JOINT ACCOUNT IS MAINTAINED)

**IMPORTANT: PLEASE MAKE SURE THE CHECK YOU ATTACH TO THIS FORM IS FOR THE ACCOUNT TO WHICH YOU WANT YOUR BENEFITS DEPOSITED.**