

# OPTIONAL DIRECT DEPOSIT FORM

## INDIANA ELECTRICAL WORKERS PENSION TRUST FUND, IBEW

### Authorization Agreement for Automatic Deposits by Electronic Transfer

I hereby authorize the Indiana Electrical Workers Pension Trust Fund, IBEW to deposit my monthly pension benefit to the account and bank or financial institution identified below and authorize the bank or financial institute to accept these deposits.

This Authorization is to remain in full force and effect until the Fund has received written notification of its termination from me at such time and in such manner as to afford the Fund a reasonable opportunity to act on it. If pension benefits to which I am not entitled are deposited to my account I authorize the Fund to direct the bank or financial institution to return the full amount of said benefit immediately.

I agree that these deposits and adjustments, if any, may be made electronically and under the Rules of the Indiana Automated Clearing House Association (ACH).

Please Print or Type:

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

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

\_\_\_\_\_

Contact Person at Bank or Financial Institution: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of Account (**circle one**):      **CHECKING**      **SAVINGS**

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

Account Number to Credit: \_\_\_\_\_

Name of Recipient Authorizing Transfer: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

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

**PLEASE ATTACH A BLANK OR VOIDED CHECK ON THE ACCOUNT INTO WHICH DEPOSITS ARE TO BE MADE.**