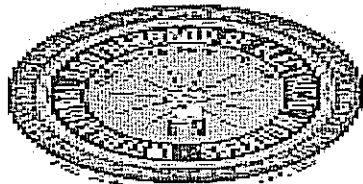


# DIRECT DEPOSIT AUTHORIZATION FORM

## IBEW LOCAL UNION #124 PENSION



I hereby authorize the IBEW LU 124 Pension Fund to initiate credit entries to my account listed below, in the financial institution shown. This authorization is to remain in effect until IBEW has received written notification from me terminating it. In the event a credit is made in error, I authorize IBEW to make correction.

Print Pensioner Name \_\_\_\_\_

Pensioner SSN \_\_\_\_\_ Phone \_\_\_\_\_

Pensioner Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Bank Address \_\_\_\_\_

Name on Account \_\_\_\_\_

ABA Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_ Checking  Savings

**\*\*Please attach a voided check\*\***