

DIRECT DEPOSIT AUTHORIZATION FORM

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

I hereby authorize direct deposit of my pension check to the IBEW Local #540 Pension Fund to the following bank account:

Checking Account No. _____
(Attach copy of voided check)

Savings Account No. _____

Bank Name _____

City _____ State _____ Zip _____

Transit/ABA No. _____

This authority is to remain in full force and effect until written notification from me of its termination.

Name (please print) _____

Social Security No. _____

Signature _____ Date _____