

DIRECT DEPOSIT AUTHORIZATION FORM

Instructions: Complete the information requested in Section A. Then present this form to a representative of your financial institution with a request that they verify the information you have provided and complete Section B. Upon completion, please return this entire form to us in the enclosed envelope.

Section A - To Be Completed By Participant

I hereby authorize the Pension, Hospitalization Benefit Plan of the Electrical Industry - Pension Trust Fund to initiate credit entries to my account listed below, in the financial institution shown. In the event a credit is made to my account in error, I authorize the Pension Trust Fund to make a correcting entry, provided I am notified of the adjustment. This authorization is to remain in effect until the Pension Trust Fund has received written notification from me terminating it.

Account Number:

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Is this a Checking () or Savings () account?

Financial Institution name and address: _____
Name

Street

City State Zip Code

Signature of Participant Print Name Date

Soc.Sec.# _____ Telephone Number _____

Card # _____



Section B - TO BE COMPLETED BY THE FINANCIAL INSTITUTION

Are you a member of NACHA? Yes () No ()

ABA (routing) number Check digit:
□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9

Name and telephone number of representative to whom inquiries can be made:

Please Print Name () - Telephone Number