

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 Annuity Plan of the Electrical Industry 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 Annuity Plan to make a correcting entry, provided I am notified of the adjustment. This authorization is to remain in effect until the Annuity Plan 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

_____ () - Telephone Number
Member's Soc.Sec.#

_____ Beneficiary Soc.Sec.#

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

_____ () - _____
Please Print Name Phone No.