

**DIRECT DEPOSIT AUTHORIZATION FORM: Pension, Hospitalization Benefit Plan of the
Electrical Industry – Pension Trust Fund**

Dear Participant,

I hereby authorize the **Pension, Hospitalization Benefit Plan of the Electrical Industry – Pension Trust Fund** to direct deposit credit entries to my account in the financial institution below. This authorization is to remain in effect until the **Pension Trust Fund** has received a written termination notification.

- Indicate the type of account: savings or checking.
- Fill in the bank's routing number. You can find this nine-digit number at the bottom left hand corner of a personal check. (If the account is a savings account, you can find the routing number on a deposit slip)
- Fill in savings or checking account number.
- Fill in the information for the bank account where you want your plan payment to be deposited.
- Fill in the name, exactly as it appears on the checks or the account statement.

Is this a Checking or Savings account?

If this is a checking account please enclose a voided check or a copy of your check.

Routing Number:

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Account Number:

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Financial Institution name and address:

Name

Street

City	State	Zip Code
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Signature of Participant	Print Name	Date
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Member's Social Security #	Telephone Number
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Beneficiary's Social Security (only applicable if Beneficiary is filling out form)