

**Pension, Hospitalization and Benefit Plan of the Electrical Industry –
Pension Trust Fund**

DIRECT DEPOSIT AUTHORIZATION FORM

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

- Indicate the type of account: Checking or Savings
- 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 checking or savings account number.
- Fill in the bank information 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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Checking Account or Savings Account Number:

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Name of Financial Institution

Financial Institution Address

City

State

Zip Code

Signature of Participant

Print Name

Date

Participant’s Last 4 Digits of SS No. or PID No.

Telephone Number