



Form Date 08/2003

IUE-CWA Pension Fund
1460 Broad Street, Bloomfield, NJ 07003
(973) 893-0333 phone (973) 893-8225 fax
www.iuepension.org

Direct Deposit of Benefit Authorization

Instructions

- Complete all sections of this form in blue or black ink.
Please attach a Voided Check for account verification.
See Example below for bank routing and account numbers.
The name of the Pensioner MUST match the name on the bank account.
The bank MUST be in the UNITED STATES or Puerto Rico. We cannot make ACH transfers to foreign banks.
Direct Deposit of Benefit generally takes 2-3 months to activate due to the process of "testing" with your bank. Please take this into account when filling out the form. You will receive confirmation in the mail of your start date.

Pensioner Information

Name Social Security Number
Telephone () Email address
Address
Street City State Zip

Authorization

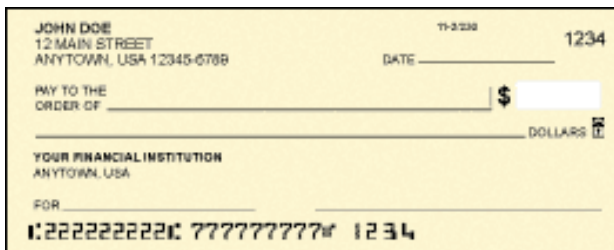
Until I give you further notice in writing, I hereby request and authorize the IUE-CWA Pension Fund as Agent for the Trustees to issue all checks in payment of amounts due me under said Trust payable, VIA ACH TRANSFER, to the order of:

Name of Bank
Address of Bank Branch
Phone Number of Bank Branch
Account Number
Type of Account-- choose one only Savings Checking
ABA Number (Routing Transit Number)

for credit to my account in the name and address listed above.

Signed Date

Example of Bank Routing Number and Account Number



Routing Transit Number
Checking Account Number