



Form Date 08/2003

IUE-CWA Pension Fund
400 W. 7th St, Ste 233, Bloomington, IN 47404
812.671.0690 phone 812.671.9696 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.**

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 _____

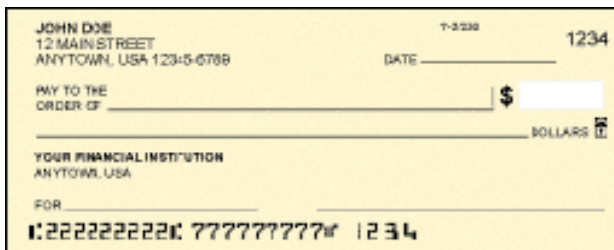
Type of Account-- choose one only _____ **Savings** _____ **Checking**

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**