

Direct Deposit of Benefit Authorization

Instructions

- Complete all sections of this form in blue or black ink.
- 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.**
- Please attach a voided check or copy of a check ****for checking accounts only**** for the account to which your funds will be deposited

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**

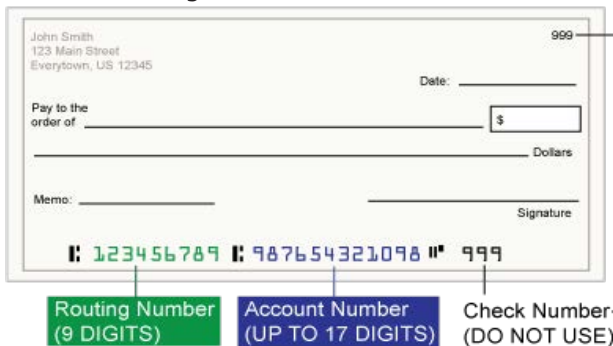
ABA Number (Routing Transit Number) _____

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

Signed _____

Date _____

Example of Bank Routing Number and Account Number



SAMPLE CHECK ONLY - Your check layout may vary.