

## Direct Deposit Agreement

I hereby authorize **Electrical Workers Pension Fund Local 103, I.B.E.W.** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Electrical Workers Pension Fund Local 103, I.B.E.W.** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Electrical Workers Pension Fund Local 103, I.B.E.W.** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Electrical Workers Pension Fund Local 103, I.B.E.W.** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Pension Department.

## Account Information

Member's Name: \_\_\_\_\_

Member's Social Security Number: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Routing Number: |\_|\_|\_|\_|\_|-|\_|\_|\_|\_|\_|-|\_|\_|

Account Number: \_\_\_\_\_

Account Type:  Checking |  Savings

## Member Signature

*I have read and understand this form:*

Member Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

*The Commonwealth of Massachusetts*  
\_\_\_\_\_  
*(Insert County)*

*On this \_\_\_ day of \_\_\_\_\_, 20\_\_\_ before me, the undersigned notary public, personally appeared \_\_\_\_\_, who proved to me through satisfactory evidence of identity, which was \_\_\_\_\_, to be person(s) whose name(s) is/are signed on the attached document and who signed in my presence.*

\_\_\_\_\_  
Signature of Notary Public

Stamp Seal

***Please attach a voided check and return this form to the Trust Funds Office.***