

## 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

Participant's Name: \_\_\_\_\_

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

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

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

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

Account Type: Checking | Savings

## Participant Signature

*I have read and understand this form:*

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **IMPORTANT**

**Notary Information:** *\*This form will not be accepted unless it has been notarized*

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, (print name of document signer below)

\_\_\_\_\_ personally appeared before me, the undersigned Notary Public, and proved to me through satisfactory evidence of identification, which was \_\_\_\_\_, to be the person whose name is signed above in my presence.

\_\_\_\_\_  
(official signature and seal of notary public)

My commission expires: \_\_\_\_\_.

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