

Direct Deposit Agreement

I hereby authorize **Electrical Workers Deferred Income 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 Deferred Income 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 Deferred Income 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 Deferred Income Fund Local 103, I.B.E.W** receives a written notice of cancellation from me or my financial institution, or submit a new direct deposit form to the Deferred Income department.

Account Information

Participant's Name: _____

Participant's Social Security Number: _____

Name of Financial Institution: _____

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

(Please enter ABA # used for ACH payments at your bank, not wires)

Account Number: _____

Account Type: Checking | Savings

Participant Signature

I have read and understand this form:

Participant Signature: _____ Date: ____/____/____

Notary's Acknowledgment

State

County

One the ____ day of _____, _____ before me came _____ (Participant's Name)

to be known to be the person(s) described herein and who executed the foregoing statement (s) and he/she duly acknowledged to me that he/she executed the same as his/her free act and deed for the purposes therein contained.

Seal Stamp

Signature of Notary Public

Commission Expires: _____

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