

# Electrical Workers Pension Fund

## DIRECT DEPOSIT AUTHORIZATION

Participant's Authorization – Please fill out and return to the Fund Office

Staple Voided Check Here →

I authorize you and the financial institution below to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my:

Checking Account                       Savings Account

This authorization applies to future distributions from the following Plans:

Part A                       Part B/D                       Part C/E                       242/294 401(k)

This authority will remain in effect until I have cancelled it in writing.

Name (Please Print) \_\_\_\_\_

Social Security Number (Last 4) XXX-XX-\_\_\_\_\_

Home Phone Number \_\_\_\_\_

Financial Institution \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone Number of Financial Institution \_\_\_\_\_

Transit Routing Number (ABA)

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

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Return to:

Electrical Workers Pension Fund  
2002 London Rd, Suite 300  
Duluth, MN 55812