

IBEW LOCAL NO. 117 PENSION FUND

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS BY ELECTRONIC TRANSFER

I hereby authorize the **IBEW LOCAL NO. 117 Pension Fund** to deposit my monthly pension benefit to the account and bank or financial institution identified below and authorize the bank or financial institution to accept these deposits.

This authorization is to remain in full force and effect until the Fund has received written notification of its termination from me at such time and in such manner as to afford the Fund a reasonable opportunity to act on it. If pension benefits to which I am not entitled are deposited to my account, I authorize the Fund to direct the bank or financial institution to return the full amount of said benefit immediately.

I agree that these deposits and adjustments, if any, may be made electronically and under the Rules of the Michigan Automated Clearing House Association (ACH).

Please print or type:

Name of Bank or Financial Institution: _____

Address of Bank or Financial Institution: _____

Street Address

City

State

Zip Code

Contact Person at Bank or Financial Institution : _____

Phone Number. _____

Type of Account (check one): Checking (ATTACH A VOIDED CHECK) OR Savings

Transit Routing No: _____

Account No. to Credit: _____

Name of Person Authorizing Transfer: _____

Social Security Number: _____

Current Address: _____

Street

City

State

Zip Code

Date: _____ **Signature:** _____

**PLEASE RETURN TO THE IBEW LOCAL NO. 117 PENSION FUND
6525 CENTURION DRIVE, LANSING, MICHIGAN 48917-9275.**