

IBEW LOCAL 683 PENSION FUND PENSION PLAN

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS BY ELECTRONIC TRANSFER

I hereby authorize the **IBEW LOCAL 683 PENSION FUND PENSION PLAN** 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.

Please print or type:

Name of Bank or Financial Institution: _____

Address of Bank or Financial Institution: _____
Street

_____ 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

DFI's Routing & Transit No. _____

Account No. to Credit _____

Name of Person Authorizing Transfer: _____

Social Security or ID Number: _____ Local Union No: _____

Current Address: _____
Street City State Zip Code

Date: _____ **Signature:** _____

PLEASE ATTACH TO THIS AUTHORIZATION
A BLANK OR VOIDED CHECK ON THE ACCOUNT INTO WHICH DEPOSITS ARE TO BE MADE
AND RETURN TO:

IBEW LOCAL 683 PENSION FUND PENSION PLAN • 6525 CENTURION DRIVE • LANSING, MICHIGAN 48917-9275
Toll Free (844) 683-0683 • FAX (517) 321-7508