

IBEW LOCAL NO. 64 PENSION PLAN

PH. (330) 779-8864

3660 STUTZ DR. STE. 101, CANFIELD, OH 44406

FAX (330) 270-3582

DIRECT DEPOSIT AGREEMENT

Name of Payee _____ Social Security No _____

Address _____

City _____ State _____ Zip _____

Telephone No () _____

BeneSys Code YG00

Bank Account Information – Attach a voided check from your account and/or complete the information below. See sample check at the bottom of the page for help completing this section. PLEASE PRINT CLEARLY.

Routing No. [][][][][][][][][][] Account No. _____

Type of Account: [] Checking [] Savings

Financial Institution

Name _____

Address _____ Telephone Number _____

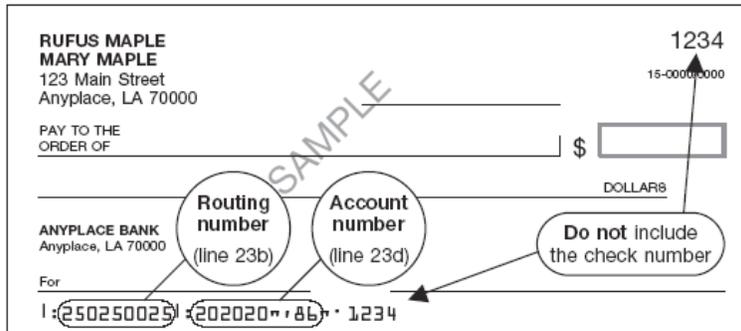
City _____ State _____ Zip _____

I, the undersigned, hereby authorize the Board of Trustees of the Pension Trust Fund (“the Pension Fund”) to deposit all amounts due to me under the Pension Plan in my account at the Financial Institution named above. This authorization shall remain in force until I revoke it in writing or until my death, whichever occurs first. If at any time the Pension Fund should credit my account for a benefit to which I am not entitled, I authorize and direct the Financial Institution to refund the Pension Fund.

Payee Signature _____

Date _____

Please allow up to 45 days for the direct deposit set-up process to be completed.



Note: The routing and account numbers may be in different places on your check.

