

IBU of the Pacific National 401(k) Plan

Loan Repayment Auto Pay Application Form

Completed Forms should be forward to: IBU 401(k) Plan
PMB 116, 5331 S Macadam Ave, Ste 258
Portland OR 97239

Questions? Call (503) 224-0048 or (800) 547-4457, Ext. 1683

A voided blank check must accompany this application form.

Name: _____ **SS#:** _____
(Please Print)

Address: _____ **Phone:** (____) _____

City: _____ **State:** _____ **Zip:** _____

I authorize the IBU National Benefit Trusts to initiate deductions from my account as listed below and to apply the funds as my monthly IBU 401(k) loan repayment to the IBU 401(k) Plan.

Checking Account

Savings Account

Bank Name: _____

Name(s) on Account: _____

Bank Account Number: _____

Bank ABA Routing Number (9-digits): _____

Authorized Signature: _____ Date: _____

This authorization shall remain in effect until canceled by me in writing.

For Plan Administrator Use only:

Beg. Date _____ Amount \$ _____

CSR _____ Date _____

Application forms are due by the 5th of the month for that month's payment to be made via auto pay. Auto pay will be deducted from the account specified above on or about the 20th of the month.