

DIRECT DEPOSIT AGREEMENT

Name of Payee _____ Social Security No _____

Address _____

City _____ State _____ Zip _____

Telephone No _____

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

Routing No. Account No. _____

Type of Account: ☐ Checking
Attach a voided check

☐ Savings
Contact your financial institution for the correct routing and account numbers, **do not attach a savings withdrawal form or a deposit slip!**

Financial Institution

Name _____ Telephone No _____

Address _____

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, due to lack of knowledge of my death, the Pension Fund distributes benefit checks after my death for deposit in my account, I authorize and direct the Financial Institution to refund the Pension Fund any amounts paid after my death.

Payee Signature _____

Date _____

If you are receiving this pension benefit as an Alternate Payee or a Beneficiary (e.g. a widow) of a Participant in the Pension Fund, please write the name and social security number of that Participant below:

Participant _____ Social Security No _____

Return original form to: Intermountain Ironworker’s Trust Funds at P.O. Box 30580, Salt Lake City, UT 84130

**RUFUS MAPLE
MARY MAPLE**
123 Main Street
Anyplace, LA 70000

PAY TO THE
ORDER OF _____ \$

ANYPLACE BANK
Anyplace, LA 70000

For _____

Routing Account

1: (250250025) 202020 86 1234

1234
15-000000000

Do not include
the check number

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