

IDAHO PIPE TRADES TRUST

Administrative Office

Idaho Pipe Trades
Health & Welfare Trust
LU 296 & LU 648



Plumbers & Pipefitters
Pension Trust
LU 296 LU 648 LU 41

AUTOMATIC BENEFIT DEPOSIT AUTHORIZATION

I hereby request that the Idaho Plumbers and Pipefitters Pension Trust automatically deposit my monthly pension benefit into my bank account (listed below). The Idaho Plumbers and Pipefitters Pension Trust is authorized to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account (indicated below). I also authorize the below named depository to credit and/or debit the same to my account.

This authorization shall continue until revoked or modified (in writing).

I also authorize the below named depository to release any pertinent information to the Idaho Plumbers and Pipefitters Pension Trust concerning this automatic deposit upon my death.

Name _____ Social Security Number: _____

Address: _____

Signature: _____ Phone Number: _____

Bank Name: _____

Bank Address: _____

Bank City, State, Zip Code: _____

PLEASE ATTACH A VOIDED CHECK HERE. (The encoded information listed on the bottom of the check is needed to perform the transfers) and complete the following:



Checking



Savings

Transit Routing # _____ AND Account #: _____