

# 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 #: \_\_\_\_\_