

**Electronic Funds Transfer  
(EFT) Authorization Form**



**Iron Workers' Local No. 25 Fringe Benefit Funds**

P.O. Box 99219

Troy, MI 48099-9219

Phone: (248) 347-3100 Toll Free: (800) 572-8553 Fax: (248) 813-9898

Website: [www.iw25fringe.org](http://www.iw25fringe.org)

|   |  |   |                           |
|---|--|---|---------------------------|
| <b>Payee/Joint Account Holder Information</b>   |  | Your Name (Last, First, Middle Initial)   | Social Security No.       |
| To be completed by Payee  |  | Address (No. & Street)  | Telephone No.             |
| Please print legibly  |  | City/Town, State  | Zip Code + 4 digit suffix |
|   |  | Joint Account Holder Name (Last, First, Middle Initial)   | Social Security No.       |
| <b>Financial Information</b>  |  | <p>I agree and acknowledge that you will send my payments for automatic credit to:</p> <p>Type of Account (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other</p>   |                           |
|   |  | Financial Institution Name  |                           |
|   |  | Bank Account No.  | ABA 9-digit Routing No.   |
| <b>Payee/Joint Account Holder Agreement</b>   |  | <ul style="list-style-type: none"> <li>Iron Workers' Local No. 25 Pension Fund will send payments to this account until we notify them in writing.</li> <li>If the payment due date falls on a weekend or holiday, we understand EFT payment will settle on the next day the Automated Clearinghouse (ACH) system is available.</li> <li>I/we will advise the Fund of any change to the information on this form, <b>particularly any changes in resident address to facilitate the delivery of tax documents.</b></li> <li>Joint Account Holder will notify the Fund immediately in the event of the Payee's death.</li> <li>Upon request, I/we will provide proof to the Fund that the Payee is still living.</li> <li>In the event of an overpayment, I/we agree that the Fund may debit this account automatically to recover the overpayment.</li> <li>In the event that there are insufficient funds in this account to cover the overpayment, I/we direct the financial institution to release to the Fund any information on this account and Account Holders.</li> </ul> |                           |
| <b>Signatures</b>   |  | Payee's Signature   | Date (mm/dd/yyyy)         |
|   |  | Joint Account Holder's Signature (required if joint account)  | Date (mm/dd/yyyy)         |
| <b>Pre-notification</b><br><br><b>Please be sure the information on this form is accurate and complete.</b> |  | <p>If EFT is available at your financial institution, processing this authorized form will cause your next benefit amount to be transmitted via EFT provided all information is complete, accurate and received by the Fund in sufficient time to process your request.</p> <p>If you use an institution that is not a bank, they must be able to accept payments by EFT. If they cannot, EFT will not be available.</p>  |                           |
| <b>Mandatory</b>  |  | <p><b>Please attach VOIDED CHECK<br/>(for checking only)</b></p> <p><b>This check must be imprinted with a name and address</b></p> <p><b>We cannot accept starter checks</b></p>   |                           |
| Attach a voided personal check in the space provided.   |  |   |                           |