

**NW Ohio Plumbers and Pipefitters Benefit Plans**  
**7570 Caple Blvd., Suite B, Northwood, Ohio 43619 - Telephone (419) 662 1388 Fax (419) 662 1733**

**DIRECT DEPOSIT AGREEMENT**

Name of Payee \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Bank Account Information - Attach a voided check from your account and/or complete the information below.  
See sample check at the bottom of the page for help completing this section. PLEASE PRINT CLEARLY*

***Routing No.***

Account No. \_\_\_\_\_  Type of Account \_\_\_\_\_  
Checking  
Savings

Financial Institution   
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 at any time the Pension Fund should credit my account for a benefit to which I am entitled, I authorize and direct the Financial Institution to refund the Pension Fund.

\_\_\_\_\_  
Payee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Attention Surviving Spouses, Beneficiaries, and Alternate Payees:** You are receiving this pension benefit as a Beneficiary of a Participant in the pension fund; therefore, please write the name and social security number of that Participant below:

Participant \_\_\_\_\_ Social Security No. \_\_\_\_\_

**Acceptance By Depository Bank**

I, the undersigned duly authorized officer of the depository bank indicated below, for the consideration of said deposits above authorized forbearance in enforcing the legend on the reverse of each check requiring the beneficiary's personal endorsement, hereby agrees to accept such deposit and, in consideration thereof, agrees to repay the Northwestern Ohio Plumbers and Pipefitters Pension Fund, the amount of any benefit payment or payments so deposited to which it shall be found the beneficiary above named was not entitled by reason of death prior to such time payment or payments were made.

\_\_\_\_\_  
Depository Institution \_\_\_\_\_ Depositor Account Title \_\_\_\_\_

***Routing Number***

Savings \_\_\_\_\_  
Checking \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature of Financial Organization- Title -Date