

EMPLOYERS AND OPERATING ENGINEERS LOCAL 520

Health & Welfare and Pension Funds
Eight Executive Woods Court
Belleville (Swansea), Illinois 62221-2057

618-233-7978
618-233-7979
Fax: 618-233-7711

Employers and Operating Engineers Local 520 Pension Fund

Direct Deposit Authorization Form

Participant Name: _____

Participant Signature: _____

Social Security Number: _____

Check Type of Transaction:

_____ Direct Deposit for First Time

_____ Change in Bank Name/Account Number

_____ Terminate Direct Deposit

Financial Institution Name: _____

City: _____ State: _____ Zip: _____

Transit/ABA No: _____ (Located in lower left
hand corner of check)

Account No: _____

Checking

Savings

ATTACH A VOIDED CHECK BEFORE RETURNING

I hereby authorize and request that my monthly pension benefit be deposited directly to the account referenced above and I agree to permit debit entries and adjustments to my account, if necessary, for any credit entries made in error.

I understand that I may terminate this direct deposit arrangement by giving written notice to the Pension Fund. I may give such termination notice at any time, but must allow the Pension Fund a reasonable time after receipt to act upon it.

Signature _____

Date _____