

**I.U.O.E LOCAL NO. 478 PENSION FUND
DIRECT DEPOSIT AUTHORIZATION FORM**

THIS FORM IS FOR PENSIONERS OR BENEFICIARIES WHOSE FINANCIAL INSTITUTION IS A MEMBER OF AN AUTOMATED CLEARING HOUSE (ACH). COMPLETE SECTION ONE FOR ENROLLMENTS OR CHANGES AND COMPLETE SECTION TWO ONLY IF YOU WISH TO CANCEL YOUR CURRENT ENROLLMENT IN DIRECT DEPOSIT.

Social Security Number: ___ ___ ___ / ___ ___ / ___ ___ ___ (OR) ID# _____

Name _____

Home Phone# _____ Mobile# _____ E-Mail _____

Address: _____ / _____ / _____ / _____
Street City State Zip Code

Family member/friend contact in the event I can't be reached or located:

Name _____ Relationship _____ Phone# _____

SECTION ONE - NEW ENROLLMENTS AND CHANGES

_____ EFT ENROLLMENT

_____ CHANGE OF BANK/ACCOUNT
INFORMATION

I HEREBY REQUEST THAT, UNTIL FURTHER WRITTEN NOTICE FROM ME IS RECEIVED BY THE I.U.O.E LOCAL 478 PENSION FUND, ALL PENSION PAYMENTS BE DIRECTLY DEPOSITED INTO MY ACCOUNT AT THE BANK DESIGNATED BELOW.

I ACKNOWLEDGE THAT THE BANK DESIGNATED BELOW HAS THE RIGHT TO REFUND ANY OVERPAYMENT(S) MADE TO ME THROUGH MY ACCOUNT (OR ANY OTHER RECIPIENT OF MONIES THROUGH SUCH ACCOUNT) TO THE FUND, REGARDLESS OF THE REASON FOR SUCH OVERPAYMENTS(S); AND FURTHER, THAT I (OR ANY OTHER RECIPIENT) IS/ARE RESPONSIBLE FOR REIMBURSING THE FUND THE FULL AMOUNT OF ANY OVERPAYMENT(S) IMMEDIATELY IF THE BANK IS UNABLE TO DO SO.

CHECK ONE: Checking Account _____ (OR) Savings Account _____

If depositing to a checking account, please provide a voided personal check or deposit slip here.

Account Number: _____

Bank or Credit Union ABA and Transit Routing Number:

_____ - _____ - _____

Bank/Credit Union Name: _____

Signature: _____ Date: _____

SECTION TWO - CANCELLATIONS

I HEREBY REQUEST THAT MY PRIOR EFT ENROLLMENT BE CANCELLED AND THAT FUTURE PAYMENTS BE SENT TO ME AS SOON AS ADMINISTRATIVELY POSSIBLE IN THE FORM OF A CHECK AT THE FOLLOWING ADDRESS:

Address: _____ / _____ / _____ / _____
Street City State Zip Code

Signature: _____ Date: _____