

IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY PENSION TRUST

Main P.O. Box 398 • Dayton, Ohio 45401 – 0398

Toll Free: 800.331.4277 Fax: 937.454.5457

AUTHORIZATION AGREEMENT FOR PENSION PLAN DIRECT DEPOSIT

Participant Information:

Social Security No.: _____ - _____ - _____

Participant Name: _____

Participant Address: _____
Street Address

City State Zip

Participant Phone Number: _____

Bank Information:

Bank Name: _____

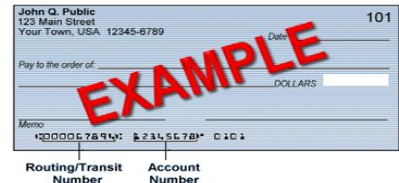
Bank Address: _____
Street Address

City State Zip

Routing Number: _____

Account Number: _____

This account is: Checking Account Savings Account



I (we) hereby authorize Iron Workers Pension Trust as Trustee of the pension plan to initiate credit entries, and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account as indicated above. This authority is to remain in full force and effect until the Trust has received WRITTEN notification from me (or both of us) of its termination in such time and in such manner as to afford the Trust and Depository a reasonable opportunity to act on it.

Date: ____/____/____

Participant's Signature

Joint Owner's Signature

THIS SECTION TO BE COMPLETED BY THE BANKING INSTITUTION OR ATTACH COPY OF VOIDED CHECK:

We have noted the above authorization and hereby agree to credit and/or debit the above listed account subject to all applicable provisions of the Automated Clearing House (ACH) operating rules:

Date: ____/____/____ Bank Name: _____

Authorized Signature of Bank Officer: _____

Please indicate here if you are **not** ACH eligible: _____