

Direct Deposit Authorization Form

I hereby authorize the *International Union of Operating Engineers Pension Fund of Eastern Pennsylvania and Delaware* to initiate electronic transactions to my account(s) at the financial institution(s) indicated below.

Please note that the percent (%) deposited must equal 100%

Deposit of Monthly Pension Benefit

The account listed below is my **Checking Account**. I request that _____% of my net pension benefit be credited to this account.

INSTITUTION: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA NUMBER: _____

ACCOUNT NUMBER: _____

The account listed below is my **Savings Account**. I request that _____% of my net pension benefit be credited to this account.

INSTITUTION: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA NUMBER: _____

ACCOUNT NUMBER: _____

Please note that you must verify both your ABA Number and your Account Number with your bank. Make sure you tell your bank branch that you are having funds electronically transferred. This may change the ABA Number that we are to use.

Name: _____ Date: _____

Signature: _____

Social Security Number: _____