

AUTHORIZATION AGREEMENT FOR ELECTRONIC DEPOSIT

Company Name	Company I.D. Number 23-6529504
IRON WORKERS DISTRICT COUNCIL (PHILA. & VIC.) PENSION PLAN	

TAKE THIS AUTHORIZATION AGREEMENT TO YOUR BANK AND HAVE THEM COMPLETE THE TOP PART OF THIS FORM WITH ALL INFORMATION REQUIRED, PARTICULARLY THE ACCOUNT NUMBER AND THE TRANSIT/ ABA NUMBER FOR ELECTRONIC DEPOSITS.

TO BE COMPLETED BY FINANCIAL INSTITUTION

DEPOSITORY NAME (FINANCIAL INSTITUTION)	BANK PHONENUMBER:
ADDRESS:	BANK CONTACT PERSON:
TRANSIT/ABA NUMBER	ACCOUNT NUMBER
	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

PLEASE COMPLETE THE BOTTOM PART OF THIS FORM AND RETURN IT TO THE FUND OFFICE AT 2 INTERNATIONAL PLAZA SUITE 120, PHILADELPHIA, PA 19113. THE PROCESSING TIME FOR COMMENCEMENT OF ELECTRONIC DEPOSIT IS APPROXIMATELY FOUR WEEKS. DURING THE INTERIM PERIOD A REGULAR CHECK WILL BE ISSUED AND MAILED.

TO BE COMPLETED BY PENSIONER

PRINT NAME:	TELEPHONE NUMBER:		
ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	SOCIAL SECURITY NUMBER		

I authorize the Iron Workers District Council (Philadelphia & Vicinity) Pension Fund to credit my account with the depository named above. If the Fund erroneously deposits funds into my account, I authorize the Fund to initiate the necessary debit entries, not to exceed the total of the original amount credited for the current period.

This authorization will remain in effect until the Fund has received written notification from me that it is to be terminated in such time and manner for the Fund to act on it. By my signature above I authorize the depository to release any information to be representative of the Iron Workers Pension Fund Office that will expedite the electronic deposit of my pension benefits.

ATTACH A VOIDED CHECK