LOCAL NO. 697 IBEW and ELECTRICAL INDUSTRY PENSION FUND
7200 MISSISSIPPI ST., SUITE 300 · MERRILLVILLE, IN 46410 · 219-845-4433 · FAX 219-844-1799

DIRECT DEPOSIT AUTHORIZATION FORM

SECTION A – TO BE COMPLETED BY THE RECIPIENT

I hereby authorize the Local No. 697 Pension Fund to initiate credit entries to my account listed below, in the financial institution shown. In the event a credit is made to my account in error, I authorize the Local No. 697 Pension Fund to make a correcting entry, provided I am notified of the adjustment. This authorization is to remain in effect until the Local No. 697 Pension Fund has received written notification from me terminating it.

By:_____ **(Recipient's Signature)**

Date_____ **Recipient's Telephone Number** ( )_____

Recipient's SSN

			-			-				

First Name **MI**

Last Name

Address, Line 1

Address, Line 2 (If needed)

City **State** **Zip**

SECTION B - TO BE COMPLETED BY THE FINANCIAL INSTITUTION

Institution Name

Mailing Address

City **State** **Zip**

ABA Routing Number **Account Number** ○ **Checking** ○ **Savings**

By:_____ **(Bank Representative's Signature)**

Print Name and Title_____

Date_____ **Bank's Telephone Number** ( )_____