

IBEW Local 701 Fringe Benefit Office  
28600 Bella Vista Parkway, Suite 1110  
Warrenville, IL 60555-1600

**Electronic Funds Transfer Instruction Form  
For Monthly Pension Benefit**

**Recipient Name:** \_\_\_\_\_

**Recipient Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Recipient SSN:** \_\_\_\_\_

**Account Information**

**Bank Name:** \_\_\_\_\_

**Bank Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Bank Phone No:** \_\_\_\_\_

**Account Type:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

***Please attach a voided check from the account you wish to have your monthly benefit deposited into.***

I authorize the IBEW Local 701 Pension Fund Administrator to directly transfer my monthly Pension Benefit to the account identified above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date