

**Electronic Funds Transfer Form for Direct Deposit**

**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. Deposit slips are not acceptable.

Please do not close existing direct deposit accounts for 30 days after notifying the Fund Office of a change in direct deposit accounts.

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

Signature Date