

**IBEW Local 701  
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