

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS
(Direct Deposit)

TO: NECA-IBEW PENSION TRUST FUND
 2120 Hubbard Ave.
 Decatur, IL 62526
 Phone: 800-765-4239 or 217-875-0254
 Fax: 217-875-4651

I (we) hereby authorize NECA-IBEW Pension Trust Fund, thereafter called the Fund to initiate deposit entries to my (our) account indicated below. The depository named below, hereinafter called DEPOSITORY credit the same to account.

DEPOSITORY (Bank Name & Address)

NAME: _____

ADDRESS: _____

PHONE: _____

TRANSIT/ABA NO. _____

ACCOUNT NO: _____ SAVINGS OR CHECKING
(CIRCLE ONE)

This authority is to remain in full force and effect until the Fund serves written notification to me (or us) of its termination.

PARTICIPANT'S NAME: _____

SOCIAL SECURITY #: _____

PHONE#: _____

DATE: ___ / ___ / ___

SIGNED: _____

(Member)

ADDRESS: _____

DATE: ___ / ___ / ___

SIGNED: _____

(Spouse, if Applicable)