

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH Credits)

Organization Name: Local Union No. 910 Pension Plan

ID Number: 16-6100240

I (we) hereby authorize the **Local Union No. 910 Pension Fund**, herein called **FUND**, to initiate credit entries to my (our) **CHECKING** or **SAVINGS account** (*select one*) indicated below at the depository (bank) named below, hereinafter called **DEPOSITORY**, to credit the same such account.

BANK NAME _____

CITY _____ **STATE** _____

BANK ROUTING # _____ **ACCOUNT #** _____

This notification is to remain in full force and effect until **FUND** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **FUND** and **DEPOSITORY** a reasonable opportunity to act on it.

NAME _____ SIGNED _____

NAME _____ SIGNED _____

DATE _____ SOC. SEC. NO. _____

Please void check before attaching

(If Checking Account)

ATTACH SAMPLE CHECK HERE

I hereby authorize the Trustees of the Local Union No. 910 I.B.E.W. Pension and Welfare Funds to deduct from my personal account in the Welfare Fund the monthly amount indicated above. I further authorize the same amount from my monthly pension check if my personal account in the Welfare Fund is insufficient to cover such deduction.

Submit This Completed Form To The Following Address

Local Union No. 910 Pension Fund
25001 Water Street
Watertown, NY 13601