

IBEW LOCAL 38 PENSION FUND
P.O. BOX 6326, Cleveland, Ohio 44101-1326
Telephone: (216) 431-7738 Fax: (216) 431-7719
Email: tammy@ibew38-benefits.com

DIRECT DEPOSIT AUTHORIZATION OR CANCELLATION

Retiree / Beneficiary Name (Last, First, Middle Initial)

Social Security Number *(last 4 digits only)*

Address:

Phone #:

Complete: _____ New Direct Deposit _____ Change of Information in Direct Deposit

Deposit into ONE account (Deposits cannot be split between checking and savings)

_____ Checking Account _____ Savings Account

9-digit ABA Routing Number: _____

1-17-digit Account Number: _____

Confirm:

1. I (we) have attached a voided check or a letter from my financial institution verifying the **ABA Routing Number and Account Number**
2. I (we) hereby authorize IBEW Local 38 Pension Fund, here-in-after called the FUND to initiate credit entries to my (our) account indicated below and the depository named below to credit the same to such account.
3. I (we) agree to allow the FUND to stop payment or posting, reverse or adjust any entry erroneously credited to my (our) account by reason of my death or any other reason under the terms of the Pension Plan governing my benefit payments.
4. This authority is to remain in full force and effect until the FUND has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the FUND a reasonable opportunity to act on it.

Two signatures required if joint account:

Signature

Date

Signature

Date

**PLEASE ATTACH A VOIDED CHECK OR LETTER FROM YOUR
FINANCIAL INSTITUTION**