

**I.U.O.E. Local 4 Benefit Funds Office
P.O. Box 680
Medway, MA 02053**

**I.U.O.E. LOCAL 4 PENSION PLAN
DIRECT DEPOSIT AUTHORIZATION**

Personal Information

Pensioner's Signature _____ SSN _____

Print Name _____ Date _____

Print Address _____

Phone Number (_____) _____ - _____

We require that you have your monthly pension payments electronically deposited to your bank account. **Verification is required showing your name on the checking or savings account statement.** Please complete the bottom portion of this form. NOTE banking regulations prevent direct deposit outside the United States.

Your electronic deposits are effective the month following receipt of this completed form. You can expect deposits made to your account on the first business day of the month representing payment for that month. Your Bank, however, may deposit your benefit the last business day prior to the first of the month.

Also, it is required that any payments that are deposited to your bank account that you are not entitled to receive will be returned to the Pension Plan.

I, _____, authorize and direct the I.U.O.E. Local 4 Pension Plan and to electronically deposit my monthly pension payment in to my bank account as follows:

Name of Bank & Address _____

BANK ROUTING NUMBER (a 9 digit number identifying the bank) _____

CHECKING ACCOUNT INFORMATION - Attach a **voided OR cancelled check** for verification of ownership and the Bank Routing Number and Account Number. Please do not use a Deposit Slip. Often Deposit slips do not reflect all required information for this transaction.

ATTACH VOIDED OR CANCELLED CHECK HERE

OR

SAVINGS ACCOUNT INFORMATION – *statement verifying ownership from the Bank or copy of account statement showing your name and account number.*

Savings Account/provide account number _____