

IDAHO PIPE TRADES TRUST

Administrative Office

Idaho Pipe Trades
Health & Welfare Trust
LU 296 & LU 648

Plumbers & Pipefitters
Pension Trust
LU 296 LU 648 LU 41

AUTOMATIC BENEFIT DEPOSIT AUTHORIZATION

I hereby request that the Idaho Plumbers and Pipefitters Pension Trust automatically deposit my monthly pension benefit into my bank account (listed below). The Idaho Plumbers and Pipefitters Pension Trust is authorized to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account (indicated below). I also authorize the below named depository to credit and/or debit the same to my account.

This authorization shall continue until revoked or modified (in writing).

I also authorize the below named depository to release any pertinent information to the Idaho Plumbers and Pipefitters Pension Trust concerning this automatic deposit upon my death.

My Name: _____

Social Security Number: _____

SIGNATURE: _____

Bank Name: _____

Bank Address: _____

Bank City, State & Zip Code: _____

Bank Telephone Number: _____

Due to a bank requirement, this form must reach our office by the 15th of the month in order for your next month's check to be electronically deposited. If we receive this form after that date, the electronic deposit may not be performed until the following month.

PLEASE ATTACH A VOIDED CHECK HERE. (The encoded information listed on the bottom of the check is needed to perform the transfers) **OR** complete the following:

Transit Routing # _____ **AND** Account #: _____

If this is a savings account (rather than a checking account), please advise.