

CONSTRUCTION WORKERS PENSION TRUST FUND- LAKE COUNTY AND VICINITY ("PENSION PLAN")

Participant Name: _____

Participant Social Security Number: _____

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize the **CONSTRUCTION WORKERS PENSION TRUST FUND-LAKE COUNTY AND VICINITY ("PENSION PLAN")** to initiate automatic deposits to my account at the financial institution named below. I also authorize the Pension Plan to make withdrawals from this account in the event that a credit entry is made in error. PLEASE VERIFY WITH YOUR BANK REGARDING THE POSTING TIMELINES FOR HOLIDAYS AND WEEKENDS.

Further, I agree not to hold the Pension Plan responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. I understand that Pension benefits are payable to me only if I meet the eligibility requirements set forth in the plan.

This agreement will remain in effect until the Pension Plan receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Pension Fund Office.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature of Pensioner: _____ Date: _____

Authorized Signature (if Joint Account): _____ Date: _____

Please attach a voided check (or deposit slip for a savings account) and return this form to the PENSION Fund office.