

Section H. –Direct Deposit Form



Bricklayers & Trowel Trades International Pension Fund

620 F Street, Suite 700, NW; Washington, DC 20004
 Phone: 202/638-1996
 Fax: 202/347-7339
<http://www.ipfweb.org>

NAME : _____ SSN: _____ - _____ - _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____ PH # () _____ - _____
 Check Box If Your Address Has Changed E-MAIL: _____

Name of Bank _____
 City and State where your bank is located _____ (City) _____ (State)
 ABA Routing # _____ Acct# _____ Checking Savings
(Your bank's ABA# is always 9 digits long)

If you intend to deposit your benefit into your checking account, the Fund recommends that you include a **VOIDED** personal check to ensure accuracy and hasten the processing of your application.

By selecting the electronic transfer service, I hereby authorize the Bricklayers and Trowel Trades International Pension Fund to electronically transfer my monthly benefit payment to my bank account through the Automated Clearing House (ACH) network. I also agree to direct my bank, executors, or next of kin to refund any electronic transfer payments made after my death and to authorize the IPF to correct any transaction error with a debit or credit entry to my account. I understand that any benefits payable to my spouse or beneficiary will be paid to them in their name.

_____ (Signature of Pensioner) _____ (Date Signed)

AN EXAMPLE OF HOW TO FIND YOUR ACCOUNT AND ABA NUMBERS ON YOUR PERSONAL CHECK.

John or Mary Doe _____ 0501
 100 Main St. _____ 19 _____
 Anytown, USA 12345

PAY TO THE _____ \$

ORDER OF _____ Dollars

FIRST NATIONAL BANK
 Anytown, USA

For _____
 |: 123456789 :| || 9876 4321 || _____ 0501

**PLEASE ATTACH VOIDED
 CHECK FOR NEW
 ACCOUNT.**

↑ Routing # (always 9 digits) ↑ bank account number ↑ the individual check # (Do not include)

IF YOU HAVE ANY QUESTION CALL US AT 1-(888) 880-8222 AND ASK FOR THE IPF PENSION PAYROLL DEPARTMENT