



# Bricklayers & Trowel Trades International Pension Fund

620 F Street NW #700 • Washington DC 20004 • Toll Free: 1-888-880-8222

Fax: 202-347-7339 • Email: [IPFpensionApplicantInfo@IPFweb.org](mailto:IPFpensionApplicantInfo@IPFweb.org)

## DIRECT DEPOSIT FORM

### Applicant Information

NAME (FIRST, MIDDLE, LAST) \_\_\_\_\_

SSN \_\_\_\_\_ DOB (MM/DD/YYYY) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

### Bank Information

NAME OF BANK OR CREDIT UNION \_\_\_\_\_

ABA ROUTING NUMBER (always 9 digits)

ACCOUNT TYPE  Checking  
 Savings

ACCOUNT NUMBER \_\_\_\_\_

### Tape Voided Check Below

John or Mary Doe 100 Main St. Anytown, USA 12345	0501
	_____ 20 _____
PAY TO THE ORDER OF _____	\$ <input type="text"/>
	_____ Dollars
FIRST NATIONAL BANK Anytown, USA For _____	_____
: 123456789 :     9876 4321    0501	

### Certification of Direct Deposit Form

**IMPORTANT:** Please be advised that if someone other than the applicant is signing this form, Power of Attorney or Guardianship documentation must be provided to the Fund.

*I request that the Bricklayers and Trowel Trades International Pension Fund electronically deposit my monthly benefit to my bank account. I agree to direct my bank, executors, or next of kin to refund any electronic transfer payments made after my death. I understand that any benefits payable to my spouse or beneficiary will be paid to them in their name. I understand that any future changes to my Direct Deposit Form will require notarization.*

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_