PENSION FUND FOR MEMBERS OF INTERNATION BROTHERHOOD OF ELECTRICAL WORKERS' LOCAL 445

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS BY ELECTRONIC TRANSFER

I hereby authorize the Pension Fund for International Brotherhood of Electrical Workers' Local 445 to deposit my monthly pension benefit to the account and bank or financial institution identified below and authorize the bank or financial institution to accept these deposits.

This authorization is to remain in full force and effect until the Fund has received written notification of its termination from me at such time and in such manner as to afford the Fund a reasonable opportunity to act on it. If pension benefits to which I am not entitled are deposited to my account, I authorize the Fund to direct the bank or financial institution to return the full amount of said benefit immediately.

I agree that these deposits and adjustments, if any, may be made electronically and under the Rules of the Michigan Automated Clearing House Association (ACH).

Please print or type: Name of Bank or Financial Institution:				
Address of Bank or Financial Institu	tion:			
	Street			
City	State		Zip Code	
Contact Person at Bank or Financial	Institution:			
Phor	ne Number:			
Type of Account (check one):	_Checking (attach a voided c	heck) orSavin	gs	
Transit Routing No				
Account No. to Credit				
Name of Person Authorizing Transfe	er:			
Social Security Number:		Local Union No		
Current Address:				
Street	City	State	Zip Code	
"PLEASE NOTE THAT WITH THIS BA ADDRESS. DURING THIS FIRST MO AND TRANSIT NUMBERS OF YOUR B OF A VOIDED CHECK IF THIS IS A CH	ONTH THE FUND'S DEPOSITO BANK AND YOUR PERSONAL A	RY BANK WILL BE VE	RIFYING THE ROUTING	
Date: S	ignature			

RETURN THIS FORM TO: INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS' PENSION FUND 2002 London Rd. Suite 300; Duluth, MN 55812 (855) 633-4584; FAX (952) 854-1632