



INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 4
 Health and Welfare, Pension, and Annuity Funds

**IUOE LOCAL 4 PENSION PLAN
 DIRECT DEPOSIT AUTHORIZATION**

Personal Information

Pensioner's Signature _____ SSN _____

Print Name _____ Date _____

Print Address _____

Phone Number (_____) _____ - _____

We require that you have your monthly pension payments electronically deposited to your bank account. **Verification is required showing your name on the checking or savings account statement.** Please complete the bottom portion of this form. NOTE banking regulations prevent direct deposit outside the United States.

Your electronic deposits are effective the month following receipt of this completed form. You can expect deposits made to your account on the first business day of the month representing payment for that month. Your bank, however, may deposit your benefit the last business day prior to the first of the month.

Also, it is required that any payments that are deposited to your bank account that you are not entitled to receive will be returned to the Pension Plan.

I, _____, authorize and direct IUOE Local 4 Pension Plan to electronically deposit my monthly pension payment into my bank account as follows:

Name of Bank: _____

Bank Address: _____

Bank Routing Number (9-digit number identifying the bank): _____

Account Number: _____

Account Type: _____ Checking or _____ Savings

CHECKING ACCOUNT INFORMATION – Attach a **voided OR cancelled check** for verification of ownership and verification of the bank routing number and account number. Please do not use a deposit slip.

Attach VOIDED or CANCELLED check here

OR

SAVINGS ACCOUNT INFORMATION – *bank letter verifying ownership from the bank or copy of account statement showing your name, address, account number, and bank name.*

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