

DIRECT DEPOSIT BANKING AGREEMENT

I hereby authorize Whitney Bank, as paying Agent for the IBEW Local 861 Joint Pension and Retirement Fund to transmit my retirement benefits.

Participant Information:

Name_____

Address_____

City/State_____

Social Security Number_____

Telephone Number_____

****Please include a voided check with this form****

Bank Information:

Bank Name_____

Bank Address_____

City/State_____

Telephone Number_____

Routing Number_____

Account Number_____

For credit to: **Checking** **Savings**

I also authorize the bank to charge the above account, or any other account in my name, for payments made after my death and to refund the payment to the IBEW Local 861 Joint Pension & Retirement Fund.

SIGNATURE OF RECIPIENT

DATE

Should you have any questions, please contact the fund office @ 1-866-236-3148.

You can fax this form to 1-866-316-4794

Thank you.