

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)
OF PENSION BENEFITS PROVIDED BY
JOINT PENSION FUND LOCAL NO. 164, IBEW**

I (we), the undersign, herby authorize the JOINT PENSION FUND LOCAL NO. 164, IBEW (hereinafter called the PENSION FUND), to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my (our)

CHECKING **SAVINGS ACCOUNT (PLEASE SELECT ONE)** indicated below and the depository (my / our bank) named below (hereinafter called DEPOSITORY) to credit and / or debit the same to such account.

DEPOSITORY (my / our Bank) Name _____

Branch _____, City _____, State _____, Zip _____

Transit / ABA No. _____ My / Our Account No. _____

This authority is to remain in full force and effect until the PENSION FUND has received written notification from one of the undersigned of its termination in such time and in such manner as to afford the PENSION FUND and DEPOSITORY a reasonable opportunity to act upon it.

The undersigned agree that any sums credited to my / our account to which I /we are not entitled, because of death or any other disability shall be repaid to the PENSION FUND, and any co-owner of this account agrees to be personally responsible for the return of such monies, and hereby authorizes the PENSION FUND and any other affiliated Employee Benefit fund of Local 164 IBEW to reimburse the PENSION FUND for any such ineligible payments paid to my / our account, from any other benefit payable by such affiliated fund or funds or anyone as my / our personal representative, including but not limited to my / our beneficiaries, heirs, legatees and estate.

_____ Soc.Sec.# _____
Please Print Name of Owner

_____ Soc.Sec.# _____
Please Print Name of Co-Owner

Date: _____ Signed x _____

Signed x _____

ALL OWNERS OF ACCOUNT MUST SIGN THE ABOVE AUTHORIZATION

SEE REVERSE SIDE

TO BE COMPLETED BY DEPOSITORY (YOUR BANK)

THE DIRECTORY _____
(Name of Bank)

By its below named authorized officer hereby certifies that all owners of the hereinabove referenced account are listed above and have signed this authorization. The DEPOSITORY hereby agrees that in the event any deposits made to the referenced account subsequent to the death of the eligible participant in the Pension Fund on whose behalf deposits are made, or subsequent to any other ineligibility, or by mistake, then upon appropriate notification of such ineligibility or death, and upon demand by the Pension Fund, an amount equal to the sum of such ineligible payments will be paid by the Depository to the Pension Fund and debited to the above-referenced account to extent of the available balance in said account.

Name of Bank

By: _____
Authorization Officer

Telephone Number