

DIRECT DEPOSIT AUTHORIZATION FORM

Pension Plan "A"

Section A – To Be Completed by the Participant (Retiree/Surviving Spouse)

I hereby authorize IBEW Local Union No. 22/NECA Pension Plan "A" to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account listed below, in the financial institution shown. I further authorize the financial institution named to credit and/or debit such account. I understand that this authorization remains in effect until Pension Plan "A" receives from me, in writing, notification to terminate the authorization in such a time and manner as to afford the Pension Plan "A" and my financial institution a reasonable time to act on it.

_____ Is this a checking () or savings () account?
Account Number

Name of Financial Institution

I certify that the above information is correct.

** _____
Signature of Participant Social Security Number Date

Participant's Street Address City State Zip Telephone Number ()

**If the signature on this line is by anyone other than the Participant, we must have a copy of that person's Power of Attorney on file in this office.

NOTE: This form must be completed by you and your financial institution, then returned to: IBEW Local Union No. 22/NECA Pension Plan "A", Electrical Industry Center, Suite 101, 8960 "L" Street, Omaha, NE 68127-1414. This form must be completed and returned by no later than the 15th day of the month to ensure direct deposit on check issued. If this form is received after the 15th day of the month, there will be a thirty (30) day delay and the first check you receive will be a paper check.

Section B – To Be Completed by the Financial Institution

_____ Is this a checking () or savings () account?
Account Number

Transit/ABA (Routing) Number

Name of Financial Institution

Street Address City State Zip

Name and telephone number of representative to whom inquiries can be made:

Signature of Financial Institution Representative Telephone Number ()