

**MICHIGAN UPPER PENINSULA
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
PENSION PLAN
130 W. Washington Street, Suite L-9
Marquette, MI 49855
(906) 226-2414 Phone/(906) 226-2221 Fax**

DIRECT DEPOSIT AUTHORIZATION FORM

Section A – to be completed by applicant

I hereby authorize the Michigan U.P. IBEW Pension Plan to initiate credit entries to my account listed below, in the financial institution shown. In the event a credit is made to my account in error, I authorize Michigan U.P. IBEW Pension Plan to make a correcting entry, provided I am notified of the adjustment. This authorization is to remain in effect until Michigan U.P. IBEW Pension Plan has received written notification from me assigning a new financial institution.

Name of Applicant (Please Print) _____

Account Number: _____

Is this a checking _____ or savings _____ account?

Financial institution name/address:

-

-

-

Signature of Applicant _____

Date _____

(_____) _____ - _____ - _____
(Telephone Number) (Social Security Number)

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Section B – to be completed by the financial institution

Account Number: _____

ABA (Routing) Number: _____

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

_____ (____) _____