IATSE NATIONAL PENSION FUND

417 Fifth Avenue
New York, NY 10016
Tel#(212)580-9092
FAX#(212)792-8323

AUTHORIZATION AGREEMENT FOR ELECTRONIC TRANSFER

(please print)

Name _____ Soc Sec # ___ – ___ – _____

Address _____

City _____ State _____ Zip Code _____

Phone # ( ) – _____

I hereby authorize the IATSE National Pension Fund, hereinafter called FUND, to initiate credit and debit entries to my account as designated below at the financial institution named below, hereinafter called DEPOSITORY, and to credit or debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law.

I understand that there will be a pre-note testing done for the first month of payment and that I will not receive an electronic transfer until the month following the pre-test.

Bank Name _____
(Name of Bank or Savings & Loan)

Phone # ( ) – _____

Account Type (Check one)

Checking ❑ Savings ❑

9 Digit ACH Routing Number

Account Number

(ask your bank to furnish the routing # **or** send us a **VOIDED** check for your account)

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

_____ _____

Signature of Pensioner or Beneficiary Date

Please Note: If you already have electronic deposit and you are changing banks, it is recommended that you keep your previous bank account open until we have received a successful pre-notification (acceptance by the banking system of your new account), otherwise your next monthly benefit payment may default to your home address.