

IATSE National Pension Fund

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New York, NY 10016

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Fax (646) 783-7660

Pension@iatsenbf.org

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

|_|_|_|_|_|_|_|_|_| _____

(YOU MUST ALSO ATTACH EITHER A VOIDED CHECK OR A LETTER FROM YOUR BANK CONFIRMING YOUR ACCOUNT INFORMATION)

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 (acceptable by the banking system of your new account), otherwise your next monthly benefit payment may default to your home address.