



**International Union of Operating Engineers
Local 132 Pension Fund**
P.O. Box 2626
Huntington, West Virginia 25726-2626

AUTHORIZATION FOR DIRECT DEPOSIT (ACH WIRE TRANSFER)

The IUOE Local 132 Pension Fund is authorized and requested to electronically transfer funds for the purpose of making monthly pension benefit payments due me, to the below named bank for credit to my account at that bank, and if necessary, debit adjustment entries.

I understand this agreement shall remain in effect until cancelled and that this agreement will be cancelled upon my death. I further understand I can cancel this agreement at any time by giving at least thirty (30) days written notice to the Fund Office.

I further understand my Executor(s) or Administrator(s) shall pay to the Fund from my estate the amount of my payments collected by the bank which were not payable because they were made after my death.

Participant Information

Name: _____ SSN or ID Number: _____
Address: _____ Phone Number: _____
_____ Other Phone: _____

Bank or Financial Institution Information

Bank Name: _____ Type of Account: Checking
Address: _____ Savings
_____ Account Number: _____
Phone: _____ Transit / ABA #: _____
(Must be 9 digits)

If you are authorizing your benefit to be wire transferred directly to your Checking Account, please attach a voided check to this form. For a Savings Account, please attach a voided Deposit slip.

Should you have any questions regarding your account number or the Bank's Transit or ABA number, you should contact your bank as they will be able to provide or verify this information for you. You may also wish to take this form to your bank or financial institution and request assistance in completing.

When the Fund Office receives your completed application, the first payment sent to your bank will be a pre-note, or a wire transfer with a zero dollar amount. This pre-note will verify the Fund Office is using the correct Checking or Savings Account number and the correct Transit or ABA number, and you will receive a check from the Fund for this benefit payment.

Signature

→ _____
Participant's Signature

→ _____
Date Signed