

IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY PENSION TRUST
MAIN P.O. BOX 398 DAYTON, OHIO 45401
(937) 454-1744 (800) 331-4277

Fax # (937) 454-5457

We are able to offer you a convenient way of receiving your monthly pension payment – automatic deposit through electronic funds transfer. This method will eliminate the problems of sending a check in the mail. A transfer file will be transmitted each month to our bank. Our bank will then transmit the files through the ACH (Automated Clearing House) system and your money will go directly to your bank and into your account.

If your bank is ACH eligible and you wish to receive your pension payments electronically, please fill out the attached form and have it signed by an officer of your bank. Please return the form to us along with a voided blank check to verify your account number. Be sure that you sign the form. On a joint account, BOTH parties must sign. It is your responsibility to make sure that your account number and bank routing number are correct.

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AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

Social Security #: _____ - _____ - _____

Participant

Bank

Name: _____

Name: _____

Address: _____

Address: _____

Transmit/ABA #: _____

Participant Account #: _____

Select one

___ checking acct ___ savings acct

I (we) hereby authorize Iron Workers Pension Trust as Trustee of the pension plan to initiate credit entries, and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account as indicated above. This authority is to remain in full force and effect until the Trust has received WRITTEN notification from me (or both if us) of its termination in such time and in such manner as to afford the Trust and Depository a reasonable opportunity to act on it.

Date: _____

Participant's Signature

Joint Owner Signature

We have noted the above authorization and hereby agree to credit and/or debit the above listed account subject to all applicable provisions of the Automated Clearing House (ACH) operating rules:

Date: _____ Bank Name: _____

Authorized Signature of bank officer required: _____

To the Bank: Please indicate here if you are not ACH eligible _____