

**DIRECT DEPOSIT AUTHORIZATION FORM**

**Instructions:** Complete the information requested in Section A. Then present this form to a representative of your financial institution with a request that they verify the information you have provided and complete Section B. Upon completion, please return this entire form to us in the enclosed envelope.

**Section A - To Be Completed By Participant**

I hereby authorize the Employees Security Fund of the Electrical Products Industries 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 the Plan to make a correcting entry, provided I am notified of the adjustment. This authorization is to remain in effect until the Plan has received written notification from me terminating it.

Account Number:

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Is this a Checking ( ) or Savings ( ) account?

Financial Institution name and address: \_\_\_\_\_  
Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Signature of Participant Print Name Date

Soc.Sec.# \_\_\_\_\_ Telephone Number \_\_\_\_\_

Card # \_\_\_\_\_



**Section B - TO BE COMPLETED BY THE FINANCIAL INSTITUTION**

Are you a member of NACHA? Yes ( ) No ( )

ABA (routing) number Check digit:

1  2  3  4  5  6  7  8  9

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

\_\_\_\_\_  
Please Print Name ( ) - Telephone Number