

JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY

DIRECT DEPOSIT AUTHORIZATION FORM

Additional Security Benefit Fund (ASBF)

Dear Participant,

By completing this form you are authorizing direct deposit for all your ASBF benefit checks. If you wish to take advantage of this option please enter the required information below and return to the Joint Industry Board. If you have already completed a direct deposit form for the ASBF, you do not need to send another form.

I hereby authorize the **Additional Security Benefit Fund** to direct deposit credit entries to my account in the financial institution below. This authorization is to remain in effect until the **Additional Security Benefit Fund** has received a written termination notification.

- Indicate the type of account: Savings or Checking.
- Fill in the bank's routing number. You can find this nine-digit number at the bottom left hand corner of a personal check. (If the account is a savings account, you can find the routing number on a deposit slip)
- Fill in savings or checking account number.
- Fill in the information for the bank account where you want your plan payment to be deposited.
- Fill in the name, exactly as it appears on the checks or the account statement.

Is this a Checking or Savings account?

If this is a checking account, please enclose a voided check or a copy of your check.

Routing Number:

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Account Number:

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Financial Institution name and address:

Name

Street

City

State

Zip Code

Member's PID No.

Telephone Number

Beneficiary's Social Security No. (only applicable if Beneficiary is filling out form)

Signature of Participant

Print Name

Date

Participant Type: [] Member [] Beneficiary