
INDIANA LABORERS PENSION FUND

P.O. BOX 1587 • TERRE HAUTE, INDIANA 47808-1587

Telephone (812) 238-2551 • Toll Free (800) 962-3158 • Fax (812) 238-2553 • www.IndianaLaborers.org

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I hereby authorize and direct the Board of Trustees to issue all funds for payments due me under the Indiana Laborers Pension Fund to the order of: _____ (Your Bank Name) for deposit to my (circle one) **CHECKING** or **SAVINGS** account.

Account Number: _____

Routing Number: _____

I agree that all funds so issued shall be in full payment, satisfaction and discharge of any amounts so due me. Any funds so issued are to be electronically transferred directly to the Receiving Bank. If any such payment shall have been made, the due date of which is subsequent to my death, I hereby authorize and direct the Receiving Bank to refund the amount of such payment to the Indiana Laborers Pension Fund and charge the same to my account. In addition, if the bank mailing address or account number is changed, I shall be responsible for giving the Pension Fund written notice of such change. I reserve the right to revoke or cancel this authorization, such revocation or cancellation to be effective only upon receipt of written notice to that effect at the office of the Indiana Laborers Pension Fund.

PAYEE SIGNATURE

DATE

PAYEES SOCIAL SECURITY NUMBER

PAYEE ADDRESS

TELEPHONE NUMBER

The terms of this Depository Agreement are noted and, in consideration of payments thereunder being made to us, we agree to refund to the Indiana Laborers Pension Fund any payment received in accordance with this Depository Agreement, the due date of which is subsequent to the death of the payee whose name appears above. The Pension Fund and the Receiving Bank expressly agree that this Depository Agreement constitutes a "master agreement" (or part thereof) pursuant to Section 4.7 of the National Automated Clearing House Association Rules and, in accordance therewith, expressly alters, amends and supersedes the liability provisions of such Section with respect to the above-named Payee.

BANK OFFICER SIGNATURE

DATE

BANK NAME

PRINTED NAME and TITLE

BANK ADDRESS / TELEPHONE NUMBER

IF THIS AGREEMENT IS NOT COMPLETED IN FULL, THE PENSION FUND OFFICE CANNOT PROCESS THE REQUEST FOR MONTHLY PENSION BENEFITS TO BE ELECTRONICALLY TRANSFERRED. **ONLY THOSE FORMS RECEIVED BY THE 15TH OF THE MONTH WILL BEGIN DEPOSIT WITH THE NEXT MONTH'S BENEFIT.**

Officers-Board of Trustees

Mark S. Andrews
Chairman

David A. Frye
Secretary-Treasurer

Somer Taylor
Administrative Manager

