

**IRON WORKERS ST. LOUIS DISTRICT COUNCIL PENSION TRUST
333 PIERCE ROAD, SUITE 410, ITASCA, ILLINOIS 60143**

DIRECT DEPOSIT AUTHORIZATION

FORM 9

Participant Information (Please type or print clearly)

Name: _____

Social Security Number: _____ Phone No: () _____

Address: _____

(Please notify the Fund Administrator if you change your home mailing address)

Bank Information: (Please contact your bank for this information)

Name of Institution: _____ Phone No: () _____

Address: _____

Type of Account (Must be Checking OR Savings ONLY) _____

Please attach a voided check for verification purposes.

Account Number: _____

Bank Routing Number: _____

Participant's Signature

Date

Please note: If there are any changes to your bank information in the future, such as bank name, routing number, account number or account type you will receive a regular check through the US Post Office the first month after we receive notification of the change. The electronic fund transfer option will resume the following month. Also, please notify the Fund Administrator if you change your home mailing address.