

IRON WORKERS ST. LOUIS DISTRICT COUNCIL PENSION TRUST

2160 SOUTH FOSTER AVENUE - WHEELING, ILLINOIS 60090

Phone: (847) 577-8828 Fax: (847) 577-8869

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

COMPANY NAME: IRON WORKERS ST. LOUIS DISTRICT COUNCIL
PENSION TRUST FUND

COMPANY TAX ID #: 43-6052659

I hereby authorize the Iron Workers St. Louis District Council Pension Trust Fund, hereinafter called **COMPANY** to initiate credit entries and if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named below, hereinafter called **DEPOSITORY**, to credit and/or debit the same to such account.

DEPOSITORY

NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ACCOUNT NUMBER _____ () CHECKING OR () SAVINGS

TRANSIT/ABA ROUTING NUMBER _____

BANK OFFICER SIGNATURE BANK OFFICER TITLE

BANK TELEPHONE NUMBER DATE

This authority is to remain in full force and effect until the **COMPANY** has received written notification from me of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

PARTICIPANTS NAME (PLEASE PRINT) SOCIAL SECURITY NUMBER

PARTICIPANTS SIGNATURE DATE

** Please return the completed form to the address shown above: