
**DIRECT DEPOSIT
AUTHORIZATION FORM**

**OPERATING ENGINEERS LOCAL 101
PENSION PLAN**

I hereby request that the Operating Engineers Local 101 Pension Fund deposit any and all payments due me under the Plan in the financial institution named below.

Payee

Soc. Sec. No.

Mailing Address

This request is made under the following conditions:

1. I hereby authorize and direct said depository bank to refund to the Operating Engineers Local 101 Pension Fund, and charge against my account, the amount of any payments made to said depository bank on my behalf with a due date subsequent to my date of death.
2. This Agreement shall be binding upon my heirs, Executors or Administrators, Beneficiaries and Assigns.
3. I agree that the Operating Engineers Local 101 Pension Fund shall have the right to require from time to time evidence that I am living.

Date

Signature of Applicant

Date

Signature of Joint Account Holder

AGREEMENT BY BANK: To be completed by your financial institution.

This arrangement is satisfactory to us and we agree to accept deposits as provided. We further agree to refund from such account any and all payments issued to which the Payee was not entitled because of his/her death prior to the due date of any such payment or payments. Any refund will be limited to the balance in the subject account at the time reimbursement is requested.

Bank Name

Authorized Bank Officer and Title

Date

Bank Mailing Address

City

State

Zip Code

Bank Phone Number

Transit/ABA Number (9 digits)

Payee's Account Number

Checking Savings

Please attach a sample voided check or savings account slip.