

# Metro-I.L.A. Pension Fund

## Direct Deposit Enrollment Form

To enroll in Direct Deposit, simply fill out the following form and return it in the enclosed self-addressed envelope. Supply a voided check for each checking account and/or a deposit slip for each savings account listed below. This will help ensure that your money is deposited correctly.

*Important! Please read and sign before completing and submitting*

I hereby authorize The Metro I.L.A. Pension Fund (hereinafter referred to as "Company") to deposit my pension by initiating credit entries to my account (s) at the financial institution(s) (hereinafter referred to as "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any entries indicated by Company to my account(s). In the event that Company deposits funds erroneously into my account(s), I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and manner as to afford Company and Bank reasonable opportunity to act on it.

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. Bank Name / City / State: \_\_\_\_\_

**Bank ABA or Routing Number:** \_\_\_\_\_

Checking       Savings      Account Number: \_\_\_\_\_

I wish to deposit: \$ \_\_\_\_\_ . \_\_\_\_\_ or       Entire Net Amount

2. Bank Name / City / State: \_\_\_\_\_

**Bank ABA or Routing Number:** \_\_\_\_\_

Checking       Savings      Account Number: \_\_\_\_\_

I wish to deposit: \$ \_\_\_\_\_ . \_\_\_\_\_ or       Entire Net Amount