

INTER-LOCAL PENSION FUND

GRAPHIC COMMUNICATIONS INTERNATIONAL UNION

455 Kehoe Blvd., Suite 100 • Carol Stream, Illinois 60188 • (630) 752-8400 • Fax (630) 752-8490

AUTHORIZATION FOR AUTOMATIC DEPOSIT OF PENSION FUNDS

Name _____ Social Security Number _____ - _____ - _____

I hereby authorize the Inter-Local Pension Fund to electronically transfer my pension benefits, including corrections, to my ,

Checking Account

Savings Account

at the Financial Institution named below, which is authorized to receive them.

This authorization shall remain in full effect until the Inter-Local Pension Fund has received written notification of its termination, or until the Fund has sent me written notice of its termination. Any funds received by the designated Financial Institution after my death are to be returned to the Fund.

FINANCIAL INSTITUTION IN WHICH FUNDS ARE TO BE DEPOSITED:

Name of Financial Institution _____

Address _____

Bank's Transit Routing Numbers

Your Account Number

(The first nine digits on
the bottom of your check)

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Date _____ Your Signature _____

PLEASE ATTACH A VOIDED CHECK.