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**DIRECT DEPOSIT  
AUTHORIZATION FORM**

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**INTERMOUNTAIN IRONWORKERS  
PENSION PLAN**

Please accept this as authorization to automatically deposit my pension check each month to the bank listed below. Please note: the trust requires that your pension be direct deposited into your bank account.

I would like my monthly benefit directly deposited at the following financial institution. I authorize the Plan to deposit my monthly payments and to instruct my financial institution to appropriately credit/debit my account in the case of a deposit error. (To elect direct deposit, all of the information must be completed. Obtain the Routing Number from your financial institution.)

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Name of the Financial Institution

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Street Address / Post Office Box

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City / State / Zip Code

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Institution's Phone  
Number

Routing No. \_\_\_\_\_

Account No. \_\_\_\_\_

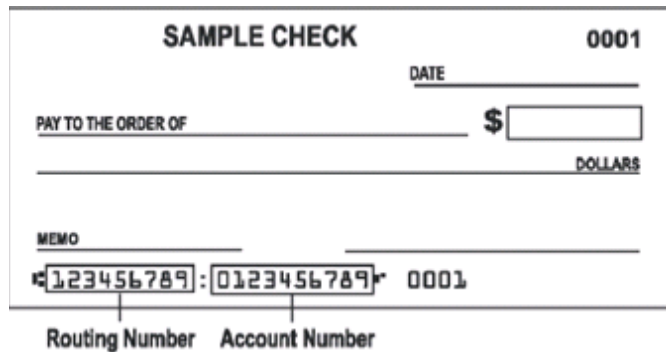
Account Type:     Checking     Savings

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**Signature of Account Holder**

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**Date**



**Please attach a voided copy of one of your checks for verification of account and bank routing numbers.**