

**IBEW LOCAL UNION NO. 212
SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN**

Participant Name: _____

Participant Social Security Number: _____

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize the **IBEW Local Union No. 212 Supplemental Unemployment Benefit Plan** to initiate automatic deposits to my account at the financial institution named below. I also authorize the **SUB Fund** to make withdrawals from this account in the event that a credit entry is made in error. **PLEASE VERIFY WITH YOUR BANK REGARDING THE POSTING TIMELINES FOR HOLIDAYS AND WEEKENDS.**

Further, I agree not to hold the **SUB Fund** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial eligibility requirements set forth in the plan.

This agreement will remain in effect until the SUB Fund receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit from the Benefit Office.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Checking

Saving

Account Number: _____

Signature

Authorized Signature: _____ Date: _____

Authorized Signature
(if Joint Account): _____ Date: _____

**Please attach a voided check (or deposit slip for a savings account)
and return this form to the SUB Fund.**