



Eighth District Electrical Pension Fund



Administrative Office
2821 SOUTH PARKER ROAD
SUITE 215
AURORA, COLORADO 80014
(303) 745-1539



AUTOMATIC DEPOSIT OF PENSION CHECKS BY ELECTRONIC TRANSFER

I hereby authorize the EIGHTH DISTRICT ELECTRICAL PENSION FUND, hereinafter called "The Fund", to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Account as described below at the Financial Institution (depository) named below.

BANK INFORMATION

NAME OF FINANCIAL INSTITUTION (BANK) _____

ADDRESS (Include city, state and zip) _____

BANK PHONE NUMBER (_____) _____

ACCOUNT INFORMATION

Please attach a voided check for verification.

ROUTING/ABA NO. _____

TYPE OF ACCOUNT: CHECKING SAVINGS

ACCOUNT NUMBER: _____

RETIREE/BENEFICIARY INFORMATION

This authority is to remain in full force and effect until The Fund has received written notification from me of its termination in such time and in such manner as to afford The Fund and the Bank a reasonable opportunity to act on it.

Name of Retiree _____ SSN _____

Phone number: (_____) _____

If you are receiving this pension as a beneficiary, please also fill out the following information:

Name of Beneficiary _____ SSN _____

ADDRESS CHANGE _____

Signature of Retiree/Beneficiary

Date

NOTE: Changes affecting electronic transfers must be received in the Fund Office no later than the 15th of the month in order to be effective the first of the following month.

Remember to keep the Pension Fund advised of your correct mailing address for correspondence purposes.