



Bricklayers & Trowel Trades International Pension Fund

620 F Street, NW, Suite 700; Washington, DC 20004
Phone: 202/638-1996
Fax: 202/347-7339
www.ipfweb.org

ELECTRONIC DEPOSIT OF YOUR MONTHLY BENEFIT

NAME: _____

SSN - -

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ Check Box If Your Address Has Changed

Name of Bank or Credit Union _____	
ABA Routing # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Acct# _____	Checking <input type="checkbox"/> Savings <input type="checkbox"/>

If you intend to deposit your benefit to your checking account, the Fund recommends that you include a **VOIDED** personal check to ensure accuracy and hasten the processing of your application.

I request that the Bricklayers and Trowel Trades International Pension Fund electronically deposit my monthly benefit to my bank account. I agree to direct my bank, executors, or next of kin to refund any electronic transfer payments made after my death. I understand that any benefits payable to my spouse or beneficiary will be paid to them in their name.

(Signature of Pensioner)

(Date Signed)

Please be advised that if someone other than the retiree or beneficiary is signing this form Power of Attorney or Guardianship documentation must be provided to the Fund.

AN EXAMPLE OF HOW TO FIND YOUR ACCOUNT AND ABA NUMBERS ON YOUR PERSONAL CHECK

John or Mary Doe 100 Main St. Anytown, USA 12345	_____ 20 _____	0501
PAY TO THE _____ \$ <input type="text"/>		
ORDER OF _____		Dollars
FIRST NATIONAL BANK Anytown, USA For _____		
: 123456789 : 9876 4321 0501		

← Tape Voided Check Here

Routing # (always 9 digits) Your account number The individual check # (Do not include)

IF YOU HAVE ANY QUESTION CALL US AT 1-(888) 880-8222 AND ASK FOR THE IPF PENSION PAYROLL DEPT.