

DIRECT DEPOSIT AUTHORIZATION FORM

National Electrical Benefit Fund

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NAME [PLEASE PRINT]

PHONE NUMBER

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PARTICIPANT'S SSN

RECIPIENT'S SSN

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FINANCIAL INSTITUTION NAME [TRUST ACCOUNTS AND PREPAID BANK ACCOUNTS ARE NOT ACCEPTED]

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MAILING ADDRESS

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CITY

STATE

ZIP CODE

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NAME OF ACCOUNT HOLDER [REQUIRED—PRINTED NAME MUST MATCH NAME ON YOUR SOCIAL SECURITY CARD]

IF YOU ARE AN AUTHORIZED POA, CONSERVATOR OR GUARDIAN—INDICATE BESIDE THE PRINTED NAME

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ABA ROUTING NUMBER (MUST BE 9 DIGITS)

ACCOUNT NUMBER (DO NOT INCLUDE THE CHECK NUMBER)

SELECT TYPE OF ACCOUNT:	CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>
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I hereby authorize the National Electrical Benefit Fund (NEBF) to initiate credit entries to my account listed below, in the financial institution shown. In the event a credit is made to my account in error, I authorize NEBF to make a correcting entry, provided I am notified of the adjustment. This authorization is to remain in effect until NEBF has received written notification from me terminating it.

SIGNATURE (REQUIRED): _____ **DATE:** ____/____/____

NEBF
2400 RESEARCH BLVD SUITE 500
ROCKVILLE, MD 20850
FAX: (301) 869-4322 OR (301) 556-0100