



**Local 705 International Brotherhood of Teamsters Pension Plan**  
 1645 West Jackson Boulevard Chicago, Illinois 60612 (312) 738-2811

**ELECTRONIC FUNDS TRANSFER**  
**DIRECT DEPOSIT ENROLLMENT FORM**

1. Name: \_\_\_\_\_

2. Social Security Number: XXX - XX - \_\_\_\_\_ (last 4 digits of SSN)

3. Home Address: \_\_\_\_\_

CHECK HERE IF THIS  
IS A NEW ADDRESS \_\_\_\_\_

4. Your Telephone Number: \_\_\_\_\_

I hereby authorize the Local 705 International Brotherhood of Teamsters Pension Fund, hereinafter called Local 705 I.B.T. Pension Fund, to initiate credit entries to my account (as indicated on this Form) for pension benefit payments due me for which the Local 705 I.B.T. Pension Fund is the payor, and the below-named depository, herein after called the Depository, to credit the same to such account. If ever an amount should be credited in error to such account, including, but not limited to, by reason of my death prior to the date on which any payment shall become due, I authorize the Local 705 I.B.T. Pension Fund to direct the Depository to make the appropriate debit adjustment.

I understand that the Local 705 I.B.T. Pension Fund assumes no responsibility or liability of any nature for delay or errors occurring after delivery of the payment data to the Originating Bank, and that I should deal with the Depository in case of errors. I further understand that the Local 705 I.B.T. Pension Fund assumes no costs of any nature which may be charged to or incurred by this account.

This authority is to remain in full force and effect until the Local 705 I.B.T. Pension Fund has received written notification from me of its termination in such time and in such manner as to afford the Local 705 I.B.T. Pension Fund and the Depository a reasonable opportunity to act on it.

5. **YOUR SIGNATURE**/date: **X** \_\_\_\_\_

6. Bank Name/Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Type of Account:  Checking Account (**you must attach a voided check**)  
 Savings Account

8. Account Number:\* \_\_\_\_\_

9. Bank Transit Routing Number:\* \_\_\_\_\_

**\*If you are unsure how to complete items 8 and 9, we strongly recommend that you contact your financial institution for assistance. If the information shown on this form is incorrect, it may cause a delay in, or the rejection of, your electronic funds transfer.**

This is an enrollment form for **Electronic Funds Transfer (“EFT”)** direct deposit of your monthly pension payments. **EFT** is a method of depositing funds to your bank account via computer, *eliminating postal service delays and the potential for lost checks.*

**EFT** is recognized as the most secure and convenient means of receiving recurring monthly benefit payments. In fact, Social Security now requires all benefit recipients to receive their payments electronically.

**In order to initiate your pension payments**, you must complete this enrollment form **in full**, and return it to the Fund Office. Please keep in mind that enrollment may take up to 60 days. When your completed form has been received by the Fund, your account data will be input and verified to ensure its accuracy before any funds are transferred. If you are a new pension recipient, a check will be issued in the interim. If you are a current pension recipient, do not close your old account until you are sure your payment is going to the new account. Any inquiries pertaining to the above may be directed to the Pension Department at (312) 738-2811.

### **INSTRUCTIONS FOR COMPLETING THE ELECTRONIC FUNDS TRANSFER ENROLLMENT FORM**

- 1 - 4. Complete as requested. Make sure to check the box if you have a new address.
5. Sign and date the form. If someone other than the pension recipient signs the enrollment form, a copy of the power-of-attorney or guardianship papers must accompany the form.
6. The name, address and customer service phone number of your bank.
7. Check the appropriate box to indicate whether you want your payment deposited into your checking or savings account. (If a checking account, please attach a voided check.)
8. The checking or savings account number into which we will be depositing your payment. Please note that some Credit Union and Money Market accounts may not be qualified to participate. You should verify with your financial institution if they participate in the Automatic Clearing House (ACH) System.
9. The Bank Transit Routing Number is the “electronic address” of your financial institution and tells us where to send your payment. **We recommend that you check with your financial institution for this number as it may have recently changed.**

### **MAIL YOUR COMPLETED ENROLLMENT FORM TO:**

**LOCAL 705 I.B.T. PENSION FUND  
1645 WEST JACKSON BOULEVARD  
CHICAGO, ILLINOIS 60612**