**Fox Valley and Vicinity Construction Workers Pension Fund**

*(Formerly known as Lake County, Illinois Plasters and Cement Masons Pension Plan)* 915 953 American Ln, Suite 100, Schaumburg, IL 60173

**Electronic Fund Transfer Authorization**

# Participant Information

Full Name:

*Last First M.I.*

Address:

## Street Address Apartment/Unit #

## City State ZIP Code

Home Phone: Email:

|  |  |  |  |
| --- | --- | --- | --- |
| Cell Phone: |  | Social Security No.: | Date of Birth: |

# Bank Information

Please check **one** of the following:

Checking Account

Please include a copy of a voided check (Do **NOT** send a deposit slip) Bank name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Savings Account.

Please include a letter from your bank on official letterhead.

Bank name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby verify that I do **NOT** have a bank account.

# Authorization

I authorize and request the Fox Valley & Vicinity Construction Workers Pension Fund to direct recurring pension payments to the account(s) specified above (this includes my authorization to correct entries made in error.) This authorization will be in effect until the Fund receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature: Date:

Toll Free (888)454-1298 Fax (847) 519-1979 Email:foxvalleypension@groupadministrators.com