

Office Use Only
 Type: EA WA CA
 Mtg: _____, 20__



Electronic Deposit Authorization Form

If you currently receive a monthly annuity check from the Laborers' Annuity and Benefit Fund, you are eligible to receive your payment via direct deposit. If you would like to have your payments directly deposited into your account, please complete the following:

1. Fill out the information below.
2. Sign the "Required Signature" line (If there is a Power of Attorney, please sign "POA for..." and include the annuitant's name)
3. Return this form to: **Laborers' Annuity and Benefit Fund**

**221 N La Salle St Suite 748
 Chicago IL 60601-1301**

Account Type

Checking (please include a voided personal check) **Please cancel my direct deposit and send my payment to my home address.**
 (If home address has changed, please submit a change of address to the Fund office)

Savings (please include an account deposit ticket)

Bank Routing Number (contact you bank for this number)

Account Number (17 characters maximum)

Financial Institution Name

Please Read: I hereby make the following requests and authorizations relating to my benefit payments from the Laborers' Annuity and Benefit Fund (the "Fund"): (1) I request and authorize the Fund to initiate credit entries to the Account indicated above; (2) I request and authorize the Fund to initiate debit entries and adjustments for any credit entries made in error to the Account; and (3) I request and authorize the Financial Institution named above to credit and/debit any such entries to the Account.

I understand that the direct deposit of my benefit payments will ordinarily begin within approximately 30 days of the Fund's receipt of this form. The Fund and its agents and service providers will not be responsible for errors or delays resulting from inaccurate or incomplete information on this form. The authority granted by me on this form is to remain in force and effect until the Fund has received written notification of its termination in such time and in such manner as to afford the Fund and my Financial Institution a reasonable opportunity to act on it. I hereby discharge the Fund and its agents and service providers from all liability whatsoever for any actions taken by you with the above request and authorization.

Please Note: Use of this form is limited to direct deposit requests for U.S. based, FDIC insured financial institutions only.

Annuitant Name _____ Required Signature _____
 Social Security # _____ Office# _____ Phone # _____ Date ____/____/____