

# IBEW 292 BENEFITS

6900 Wedgwood Road N ♦ Suite 425 ♦ Maple Grove ♦ Minnesota 55311  
(763) 493-8830 ♦ (800) 368-9045 ♦ Fax (763) 416-6196 ♦ IBEW292benefits.org

## ELECTRICAL WORKERS LOCAL NO. 292 VACATION AND HOLIDAY PLAN DIRECT DEPOSIT AUTHORIZATION FORM

MEMBER NAME:	MEMBER PHONE NUMBER:	SOCIAL SECURITYNUMBER:
MAILING ADDRESS:		
CITY:	STATE:	ZIP CODE:

BANK NAME:	TYPE OF ACCOUNT (CHECKING OR SAVINGS)	
BANK ADDRESS:		
CITY:	STATE:	ZIP CODE:
ROUTING NUMBER:	ACCOUNT NUMBER:	

I certify that the above account information is accurate. I request that my monthly benefit payments be electronically transferred to my individual or joint account. This agreement remains in effect until I give written notice of cancellation to the ELECTRICAL WORKERS LOCAL NO. 292 VACATION AND HOLIDAY PLAN or upon my death or legal incapacity. I have directed the financial institution to refund the Plan of any money transferred in error, upon notice from the Plan. I have notified any joint account holders of the obligation to repay any overpayments to this account after my death if the overpayment is not repaid by the financial institution.

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Members Signature

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DATE

### Form can be:

- Mailed or dropped off at the IBEW 292 Benefits Office at 6900 Wedgwood Road N Suite 425, Maple Grove, MN 55311
- Emailed to [recibew292@ibew292benefits.com](mailto:recibew292@ibew292benefits.com), or
- Faxed to 763-416-6196