

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 SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN DIRECT DEPOSIT AUTHORIZATION FORM

MEMBER NAME:	MEMBER PHONE NUMBER:	SOCIAL SECURITY NUMBER:
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 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 SUPPLEMENTAL UNEMPLOYMENT BENEFIT 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 overpayment to this account after my death if the overpayment is not repaid by the financial institution.

Members Signature

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 subfund@ibew292benefits.org, or
- Faxed to 763-416-6196