

DIRECT DEPOSIT AUTHORIZATION FORM

National Electrical Benefit Fund (NEBF)

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NAME [PLEASE PRINT]	PHONE NUMBER

PARTICIPANT'S SSN	RECIPIENT'S SSN

FINANCIAL INSTITUTION NAME [TRUST ACCOUNTS AND PREPAID BANK ACCOUNTS ARE NOT ACCEPTED]

MAILING ADDRESS

CITY	STATE	ZIP CODE

NAME OF ACCOUNT HOLDER [REQUIRED—PRINTED NAME MUST MATCH NAME ON YOUR SOCIAL SECURITY CARD]

IF YOU ARE AN AUTHORIZED POA, CONSERVATOR OR GUARDIAN—INDICATE BESIDE THE PRINTED NAME

ABA ROUTING NUMBER (MUST BE 9 DIGITS)	ACCOUNT NUMBER (DO NOT INCLUDE THE CHECK NUMBER)

SELECT TYPE OF ACCOUNT: CHECKING ☐ SAVINGS ☐

I hereby authorize the National Electrical Benefit Fund (NEBF) to initiate credit entries to my account listed below, in the financial institution shown. In the event a credit is made to my account in error, I authorize NEBF to make a correcting entry, provided I am notified of the adjustment. This authorization is to remain in effect until NEBF has received written notification from me terminating it.

SIGNATURE (REQUIRED): _____ DATE: ____/____/____

MAIL OR FAX COMPLETED "NEBF" FORM TO:

NATIONAL ELECTRICAL BENEFIT FUND
2400 Research Blvd., Suite 500
Rockville, MD 20850
(301) 556-0100 – FAX; (301) 556-4300 – PHONE