

FOX VALLEY & VICINITY LABORERS PENSION FUND

SECTION V. DIRECT DEPOSIT AUTHORIZATION (MANDATORY) please complete Item 1.

1. PARTICIPANT AUTHORIZATION

Instructions: *Please attach a copy of a voided check*

I authorize the Administrative Office to deposit my pension benefit check directly into my account as follows:

Bank Name: _____ Checking or Savings

Bank Address: _____ Account No.: _____

Bank Routing No.: _____ Bank Phone No.: _____

Participant's Signature: _____ Date: _____

Participant's Social Security Number: _____

FUND OFFICE FAX: 1-847-742-4430