

**FOX VALLEY AND VICINITY LABORERS PENSION FUND**  
**Pension Application**

<b>SECTION V. DIRECT DEPOSIT AUTHORIZATION (MANDATORY)</b>
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**1. PARTICIPANT AUTHORIZATION**

**Instructions:** *Please attach a copy of a voided check or savings deposit slip, if available*

I authorize the Fund 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 #: \_\_\_\_\_