

FOX VALLEY AND VICINITY LABORERS PENSION FUND
Pension Application

SECTION V. DIRECT DEPOSIT AUTHORIZATION (MANDATORY)
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1. PARTICIPANT INFORMATION

Name of Participant: _____

Address: _____

Telephone: (____) _____ FVL Unique ID#: _____

2. FINANCIAL INSTITUTION INFORMATION

Bank Name: _____

Bank Phone No.: _____

Checking or Savings

Routing No.: _____ Account No.: _____

<p><i>Please attach a copy of a voided check or savings deposit slip to confirm routing and account numbers</i></p>

I authorize the Fund Office to deposit my pension benefit payment directly into my account as indicated above. I will notify the Fund Office in advance of any changes to my financial institution's information to ensure timely benefit payments.

Participant's Signature: _____

Date: _____