ELECTRONIC DEPOSIT AUTHORIZATION FORM

OFFICE USE ONLY | **Office #:**

Type: EA WA CA QA RA **Meeting:**

Laborers' and Retirement Board Employees' Annuity and Benefit Fund of Chicago

If you currently receive a monthly annuity check from the Laborers' Annuity and Benefit Fund, you are eligible to receive your payment via direct deposit. The account must be in your name. If you would like to have your payments directly deposited into your account, please complete the following:

1. Fill out the information below. Please Print.
2. Sign the "Required Signature" line (If you are an Agent *(Power of Attorney, Guardian, Payee)* please sign 'Your own name/Type of Agent' *(ie.: "John Doe/Guardian")*).
3. Mail this completed form to: **Laborers' Annuity and Benefit Fund**
   321 N. Clark Street, Suite 1300
   Chicago, IL 60654-4739

   Or fax this completed form to: **312-236-0574**

Account Information

What type of Account is this? ☐ Checking *(Must include a voided personal check)* ☐ Savings *(Must include a bank letter verifying names on account, account type, account number and routing number)*

Is this a joint account? ☐ No ☐ Yes *(Must provide the joint account holder's name, address and phone #)*

Name:

Address: City:

State: Zip: Phone:( )

Routing Number *(contact your bank for this number)*

Account Number *(17 characters maximum)*

Financial Institution Name

☐ **Please cancel my direct deposit and send my payment to my home address.**
(If home address has changed, please submit a signed change of address form to the Fund office at the address above)

Please Read: I hereby make the following requests and authorizations to the Laborers' Annuity and Benefit Fund ("LABF") and the Financial Institution indicated above relating to my benefit payments from the LABF into the "Account" indicated above:

(1) I request and authorize the LABF to initiate credit entries to the Account indicated above;
(2) I request and authorize the LABF to initiate debit entries and adjustments for any credit entries made in error to the Account; and
(3) I request and authorize the Financial Institution named above to credit any such entries to the Account and to debit entries for any credits made in error to the Account. Should the funds for such refund be insufficient in the Account, I request and authorize the Financial Institution to transfer the balance of the debt from any other account I may hold in such financial institution to said Account and debit that amount to the LABF.

I understand that the direct deposit of my benefit payments will ordinarily begin within approximately 30 days of the LABF's receipt of this form. The LABF, its agents and service providers will not be responsible for errors or delays resulting from inaccurate or incomplete information on this form. This authorization is to remain in full effect until the LABF has received written notification of its termination in such time and in such manner as to afford the LABF and my Financial Institution reasonable opportunity to act on it. I hereby discharge the LABF, its agents and service providers from all liability whatsoever for any actions taken by them with the above request and authorization.

PLEASE NOTE: **Use of this form is limited to direct deposit requests for U.S. based, FDIC insured financial institutions only.**
FRAUD WARNING: **Under State law, a person convicted of fraud may be subject to a fine of not more than $25,000 or imprisonment for not more than 5 years or both.**

Annuitant's Name:		Required Signature:			
Agent *(if applicable)*:		Phone #:		Date:	