



# LABORERS' AND RETIREMENT BOARD EMPLOYEES' ANNUITY AND BENEFIT FUND OF CHICAGO

## DIRECT DEPOSIT AUTHORIZATION FORM

### PURPOSE:

The purpose of this Direct Deposit Authorization Form ("Form") is to request and authorize the Laborers' and Retirement Board Employees' Annuity and Benefit Fund of Chicago ("LABF") to direct deposit payments into the payee's U.S. based, FDIC insured financial institution.

### INSTRUCTIONS:

- Carefully read and complete the entire Direct Deposit Authorization Form.
- Submit required acceptable documentation described below in Section 4.
- Return the completed signed Form **AND** acceptable documentation to the LABF by mail or fax, see below for mailing address or fax number.

### SECTION 1 – PAYEE INFORMATION (Please PRINT)

FIRST NAME	MI	LAST NAME	SUFFIX (e.g. Jr, Sr)	LAST 4 DIGITS OF SSN or LABF OFFICE NUMBER
ADDRESS				PHONE NUMBER (w/area code)

### SECTION 2 – JOINT ACCOUNT HOLDER(S) INFORMATION (Please PRINT)

☐ Check here if there are no joint account holders

FIRST NAME	MI	LAST NAME	SUFFIX (e.g. Jr, Sr)	SOCIAL SECURITY NUMBER (REQUIRED)
ADDRESS				PHONE NUMBER (w/area code)

FIRST NAME	MI	LAST NAME	SUFFIX (e.g. Jr, Sr)	SOCIAL SECURITY NUMBER (REQUIRED)
ADDRESS				PHONE NUMBER (w/area code)

### SECTION 3 – ACCOUNT INFORMATION (Please PRINT)

Financial Institution Name:			
Routing Number (9-Digits):		Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Number:			

### SECTION 4 – REQUIRED ACCEPTABLE DOCUMENTATION TO ESTABLISH DIRECT DEPOSIT

Checking Account	<ul style="list-style-type: none"><li>• A voided personal check with payee's name and joint account holder's names, in the upper left-hand corner. Temporary check or a deposit slip not acceptable.</li><li>• A form or letter issued by the financial institution, indicating the routing number, account number, type of account, and confirmation of all names listed on the account, including joint account holders.</li></ul>
Savings Account	<ul style="list-style-type: none"><li>• A form or letter issued by the financial institution, indicating the routing number, account number, type of account, and confirmation of all names listed on the account, including joint account holders.</li></ul>

### SECTION 5 – PAYEE AUTHORIZATION

I, the payee listed above, hereby request and authorize the LABF to deposit my payment into the account indicated above. I request and authorize the financial institution indicated above to accept such deposits to my account. In the event an overpayment is credited to my account during or after my lifetime, I request and authorize the financial institution indicated above to debit my account and refund any overpayment to the LABF. I request and authorize the financial institution to release to the LABF my current address and the current address for any joint account holders. I agree to keep the LABF informed of my address and the address of any and all joint account holders and I acknowledge and agree that the LABF can stop direct deposit if I fail to do so. I understand that a new Direct Deposit Authorization Form is required if I change my financial institution, my account number, or my name. I hereby discharge, indemnify, and hold harmless the LABF for any and all liability whatsoever for actions taken based on this Direct Deposit Form.

I understand that my duly appointed representative (guardian or Power of Attorney) may arrange for my payment to be deposited into my account by completing and signing the form as my authorized representative. My authorized representative must provide the LABF with a copy of the document granting the authority to act in this capacity.

**Under Illinois law, any person who knowingly makes any false statement or falsifies or permits to be falsified any record in an attempt to defraud the LABF is guilty of a Class 3 felony. [40 ILCS 5/1-135]**

SIGNATURE OF PAYEE  
OR AGENT

DATE