



CREDIT UNION DEDUCTION

Name:	
Social Security Number:	
Monthly Amount to be Deducted:	
Credit Union Account Number:	
Routing Number: 274073863	
Checking	Savings

I, the undersigned, am receiving a monthly benefit from the Indiana Electrical Workers Pension Trust Fund, IBEW. As a convenience to me, I hereby request and authorize you to deduct from my monthly Pension Fund Benefit the amount indicated below and to remit such deducted amounts directly to the Hoosier United Credit Union on my behalf.

I understand that I may revoke this authorization at any time by written notice to you, but I also understand that at least thirty (30) days advance notice to do so is required.

Signature:	Date:
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