DIRECT DEPOSIT AGREEMENT Northern Illinois Pension Fund

Select Which Item	Applies:	☐ Initial Election	☐ Change c	of Bank or Accou	ınt
PARTICIPANT IN	FORMATION				
Participant's Name	ə: <u> </u>				· .
	First	Midd	dle	Last	
Social Security No):	Telepho	one #:		
When we receive the form, we will set up a "pre-note" for the first month. This is a "trial run" to ensure the routing number and the account number are both correct before actually wiring the money to your bank account the following month. This means your check will be mailed to you the first month, if the pre-note goes through, your check will be sent as a wire transfer the following month.					
AUTHORIZATIO	N				
I authorize Northern Illinois Pension Fund to make all monthly pension payments due to me from the Northern Illinois Pension Fund by Electronic Direct Deposit, to the bank account designated below.					
I also agree that, to cancel this agreement, I must give at least one month's written notice to the Northern Illinois Pension Fund. Upon my death, my executors or administrators will pay to Northern Illinois Pension Fund from my estate, the amount of any payments collected by the Bank which were not payable because they were issued after my death.					
Bank Name:					
<u></u>					
	City	State	Bank Tele	ohone Number	
Bank Transit Routing Number:					
Account Number:			☐ Savings	Checking	Other
SIGNATURE					
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Par	ticinant / Pavee		Date		