

EXPENSE DIRECT DEPOSIT AUTHORIZATION FORM

Please print legibly and complete all sections of this form.

Name (as it appears on account): _____

<i>Financial Institution Information</i>
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<p>ACCOUNT INFORMATION</p> <p>Bank Name: _____</p> <p>Routing and Transit #: _____</p> <p>Account # _____</p> <p>This is a _____ CHECKING _____ SAVINGS account.</p>

_____ I authorize the IBEW Local Union 965 to transfer my expense reimbursement to the account indicated above and to correct any errors which may occur from these transactions. I also authorize the Financial Institution to post these transactions to these accounts. This authorization will remain in force until the IBEW Local Union 965 receives written notice from me to cancel or change this authorization.

Signature: _____ Date: _____

Please Attach Voided Check