



EQUITY-LEAGUE BENEFIT FUNDS
 PENSION, HEALTH & 401(K)

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 New York, NY 10036-2582
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 Fax: (212) 869-3323
 Website: www.equityleague.org

AUTHORIZATION AGREEMENT FOR ELECTRONIC DEPOSITS

I hereby authorize the Equity-League Pension Trust Fund to initiate electronic credit entries, and to initiate, if necessary, by any such method, debit entries and adjustments for any credit entries in error to either my **Checking**_____ or **Savings**_____ (select one) indicated below and the depository named below, to credit and/or debit the same in such account. I have attached a voided personal check (if a checking account is to be credited) which contains account and routing information. For the savings account option, I have attached a deposit slip, which contains my account and routing information.

Bank/Depository

Name _____ Branch _____

City _____ State _____ Zip _____

Transit/ABA# _____ Account # _____

(PLEASE CONTACT YOUR BANK FOR THESE NUMBERS)

This authority is to remain in full force and effect until the Equity-League Pension Trust Fund has received written notification from me of its termination in such time and in such manner as to afford Equity-League Pension Trust Fund and the Depository a reasonable opportunity to act on it.

IMPORTANT:

ATTACH VOIDED PERSONAL CHECK IF *CHECKING* ACCOUNT IS TO BE CREDITED. ATTACH A DEPOSIT SLIP IF *SAVINGS* ACCOUNT IS TO BE CREDITED. IF A PERSONAL CHECK OR DEPOSIT SLIP, WHICHEVER APPLICABLE, IS NOT AVAILBLE ATTACH A LETTER OR OTHER STATEMENT FROM YOUR BANK THAT SHOWS THE ABA AND ACCOUNT NUMBER.

Name _____ Social Security # _____
 (Please Print)

Address _____

Date ____/____/____ Daytime Telephone _____

Signature _____