

**IBEW/NECA SOUND & COMMUNICATIONS
ELECTRONIC FUNDS TRANSFER (EFT) APPLICATION**

Attach voided check here

Please do not use Deposit Slips

NAME: _____ LAST 4 OF SSN# _____

ADDRESS: _____

TELEPHONE: _____

I request that my vacation funds be deposited electronically into:

Bank Name: _____ Routing # _____

___ Checking Account # _____

___ Savings Account # _____

I agree with and understand the following:

- (A) This Direct Deposit request is to remain in effect until written notification is given to the plan office of the plan office no longer offers Direct Deposit via EFT.
- (B) It is my responsibility to provide any bank changes (account #, name, or address) to the plan office to assure timely receipt of my benefit.
- (C) If my home address changes, I will advise the plan office of the changes in writing.
- (D) There will be a transaction reversal for any amount deposited into my account that I am not entitled to receive.

Signature: _____ Date: _____