

ACH Payment Authorization Form For Recurring Voluntary and/or Roth 401 (k) Self-Contributions Into The I.B.E.W. Local 697 Defined Contribution Plan

I am authorizing regularly scheduled charges to my (circle one) bank account for monthly (circle one) Voluntary or Roth IRA contributions into the I.B.E.W. Local 697 Defined Contribution Plan. I understand that: said charges will appear on my bank statement as "IBEW Local Union 697".

I _____ authorize the I.B.E.W. Local 697 Defined Contribution Plan to charge my bank account indicated below for (circle one) Voluntary or Roth 401(k) contributions on the first business day of each month.

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Bank Details

Checking Savings

Account Name _____

Bank Name _____

Account Number _____

Routing Number _____



I understand and agree that this authorization will remain in effect until cancelled by either party by giving the other party notice at least 15 days prior to the payment being collected. I agree to notify the I.B.E.W. Local 697 Defined Contribution Plan in writing of any changes in my account information, any modification to the amount to be charged or termination of this authorization at least 15 days prior to the date of next payment. Notice shall be given at 7200 Mississippi Street, Suite 300, Merrillville, IN 46410. Any cancellation by the I.B.E.W. Local 697 Defined Contribution Plan will be in writing and mailed to the address listed on record at least 15 days prior to the next date the payment is being made. If the above noted payment dates fall on a weekend or holiday, I understand and agree that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I expressly authorize that in the event there is an error made in the amount withdrawn from my account, the I.B.E.W Local 697 Defined Contribution Plan may correct that error without notice by making the necessary adjustment to my account balance. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF), I understand that the I.B.E.W. Local 697 Define Contribution Plan may at its discretion attempt to process the charge again within 30 days, and agree to an additional charge only if the I.B.E.W. Local 697 Define Contribution Plan incurs a charge from the financial institution for each returned NSF attempt, which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

(Account Holder's Signature)

DATE _____