## **DIRECT DEPOSIT AUTHORIZATION FORM**

## **SECTION A - TO BE COMPLETED BY THE RECIPIENT**

I hereby authorize the Local 697 Pension Fund to initiate credit entries to my account listed below, in the financial institution shown. In the event a credit is made to my account in error, I authorize the Local 697 Pension Fund to make a correcting entry, provided I am notified of the adjustment. This authorization is to remain in effect until the Local 697 Pension Fund has received written notification from me terminating it.

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