

ILA Employers Welfare Fund

10 MERSEY WAY
P.O. BOX 1280
SAVANNAH, GEORGIA 31402-1280



DIRECT DEPOSIT SIGN-UP FORM

SECTION 1 (TO BE COMPLETED BY PARTICIPANT/PAYEE)

Name of Participant/payee

Address

City State Zip Code

Social Security Number

Participant/Payee Signature

Date

Witness Signature

Notary Signature/Seal

SECTION 2 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

Name of Financial Institution

Type of Account
 Checking Savings

Address of Financial Institution

Account Number

City/State/Zip Code

Routing Number

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above-named participant/payee and the account number. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR PARTS 240, 209, AND 210.

Representative's name

Signature of Representative

Telephone Number

Date