

**Annuity Fund of the Electrical Industry of Long Island**  
**372 VANDERBILT MOTOR PARKWAY**  
**HAUPPAUGE, NY 11788**

**MONTHLY ACH/ DIRECT DEPOSIT**

PARTICIPANT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ S.S. #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

The Trustees of the **Annuity Fund of the Electrical Industry of Long Island** recommend that you have your monthly **Annuity Benefit** deposited directly into an account at a financial institution of your choosing. After receipt of this completed sign-up form in the Fund Office, your monthly benefit will be deposited to your account by an electronic transfer on the first banking day of the month.

I hereby authorize the **Annuity Fund of the Electrical Industry of Long Island** to initiate/change credit entries and, if suitable, debit adjustments for any credit entries made in error, to the account number and financial institution listed below:

\_\_\_\_\_  
Name of bank/financial institution      Mailing address of bank/financial institution

**Account Type:**    Checking \_\_\_\_    Savings \_\_\_\_

Bank Routing No: \_\_\_\_\_ Account No: \_\_\_\_\_

**\*\*\*PLEASE SUBMIT VOIDED CHECK\*\*\***

**PLEASE SELECT ONE:**

☐ INCREASE ACH PAYMENT\* -SPOUSE SIGNATURE REQUIRED

☐ DECREASE ACH PAYMENT\*      ☐ INITIATE ACH PAYMENT (REQUIRED MINIMUM DISTRIBUTION -  
IRS FORM W4-R MUST ACCOMPANY THIS RMD ACH REQUEST)

Gross Monthly Payment \$ \_\_\_\_\_ Payment to begin: Month \_\_\_\_\_ Year \_\_\_\_\_

☐ STOP ACH PAYMENT as of: Month \_\_\_\_\_ Year \_\_\_\_\_

**\*UPDATED IRS FORM W-4P IS REQUIRED TO DETERMINE AMOUNT OF FEDERAL INCOME TAX WITHHOLDING** - see attached

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR INCREASE OF PAYMENT OR CHANGE OF BANK INFORMATION, SPOUSAL APPROVAL IS REQUIRED.**

**VERIFICATION OF SPOUSE**

SPOUSE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Signed and sworn to before me this day of \_\_\_\_\_, 20\_\_\_\_\_.

State of \_\_\_\_\_, County of \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
E.I.B. ADMINISTRATION