Construction Industry Laborers Pension Fund PO Box 909500 Kansas City, MO 64190-9500

## CONSTRUCTION INDUSTRY LABORERS PENSION FUND

## Direct Deposit Authorization

Participant's Authorization - Please fill out and return to the Fund Office

•	ou and the financ , debit entries and						s and,
	Checking Accou	nt		Savings	Account		
This authority will remain in effect until I have cancelled it in writing.							
Name (Pleas	se Print)					_	
Social Security Number							
Home Phone Number							
Financial Institution Branch							
City State _							-
Phone Numl	ber of Financial In	stitution					
Transit Ro	uting Number					ABA	
Account Nur	mber						
Participant's	Signature				Date j		