



INL Employee Retirement Plan
P.O. Box 1625-3596
Idaho Falls, ID
83415-3596

Direct Deposit Authorization Form

Name: _____

Address: _____

Return to:

Email: Retiree@inl.gov

Phone: 208-526-0717

Fax: 208-526-9320

Social Security Number (Last Four Digits Only): _____

I, the undersigned payee under the INL Employee Retirement Plan, hereby request that my monthly Retirement Plan benefits be paid in accordance with the election I have made below.

____ I wish to have my monthly Retirement Plan benefit payments deposited directly to my bank account, using the following information:

Name of Bank:

Routing Number:

Account Number: _____

Type of Account: _____ Checking _____ Savings

Please attach a VOIDED check here.

Signature: _____

Date: _____

Telephone No: _____