



**Return To:**  
**INL Employee Retirement Plan**  
**P.O. Box 1625-3596**  
**Idaho Falls, ID 83415-3596**  
 Email: [Retiree@inl.gov](mailto:Retiree@inl.gov) or Fax: (208) 526-9320  
 Phone: (208) 526-0717

**Direct Deposit Authorization Form**

Name \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Social Security Number (Last Four Digits Only): \_\_\_\_\_ Birthdate: \_\_\_\_\_

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:

**ALL INFORMATION MUST BE COMPLETE**

**My Current Bank information is:**

Name of Bank:  
 Routing Number:  
 Account Number: \_\_\_\_\_

**My Updated Bank information is:**

Name of Bank:  
 Routing Number:  
 Account Number: \_\_\_\_\_  
 Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

**Please attach a VOIDED check here.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone No: \_\_\_\_\_