



Return To:

INL Employee Retirement Plan

P.O. Box 1625-3596

Idaho Falls, ID 83415-3596

Email: 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

Former Bank information:

Name of Bank:

Routing Number:

Account Number: _____

Updated Bank information:

Name of Bank:

Routing Number:

Account Number: _____

Type of Account: _____ Checking _____ Savings

Please attach a VOIDED check here.

Signature: _____

Date: _____

Telephone No: _____