

NECA-IBEW LOCAL No. 364

FRINGE BENEFIT FUNDS

NECA-IBEW Local No. 364 Welfare Trust Fund
NECA-IBEW Local No. 364 Defined Contribution Pension Fund
NECA-IBEW Local No. 364 Vacation Fund
NECA-IBEW Local No. 364 Supplemental Unemployment Benefit Fund

Managed for the Trustees by:
TIC Midwest

August 2025

Dear Participant,

The Trustees are pleased to announce a new service that should expedite the receipt of Supplemental Benefit Payments.

Attached is a direct deposit form that, when completed, will allow the Fund Office to deposit your Supplemental Benefit Payments directly into your personal checking or savings account. If you would like your Benefits to be direct deposited, please complete the attached form and provide either:

- If you direct your Benefits into your checking account, you **MUST** attach a copy of a voided check. Starter or printed temporary checks will not be accepted.
- If you direct your Benefits into your savings account, you **MUST** attach a voided deposit slip or letter from your Financial Institution signed by an authorized representative, with your name, savings account number and the financial institution's ABA routing number.

If at any time you wish to cancel the direct deposit, you must contact the Fund Office in writing at Local Union 364, IBEW - 6820 Mill Road, Rockford, IL 61108, at least 30 days prior to the date you wish to have it cancelled.

Please contact the Fund Office if you have any questions or concerns regarding the attached form or the direct deposit process.

Sincerely,

Board of Trustees
NECA-IBEW Local No. 364 Welfare Trust Fund

Enclosure

**NECA-IBEW 364 SUPPLEMENTAL UNEMPLOYMENT
BENEFIT FUND
DIRECT CREDIT AUTHORIZATION AGREEMENT**

I hereby authorize the NECA-IBEW Local 364 SUB Fund to deposit into my Financial Institution for my Supplemental Benefits Payments into the Account indicated below. The authority remains in effect indefinitely. I will provide the SUB Fund's Benefits Coordinator of any account changes in writing including back-up documentation (i.e. a check, letter from the bank, etc...)

CONTACT INFORMATION

Name(s) on Account: _____

Daytime Phone #: (____) _____ Other Phone #: (____) _____

Address: _____

Member Signature: _____ Date: _____

REQUIRED FINANCIAL INSTITUTION INFORMATION

(A Voided Check must accompany this form or if a saving account, a letter from the bank, a deposit slip is not acceptable)

Name of Financial Institution: _____

Account Type (select one): Checking _____ Savings _____

Account Number: _____

Transit Routing Number: _____

(This number is located in the lower left corner of your check)

PLEASE NOTE: COMPLETED FORMS MUST BE RECEIVED BY THE SUB FUND COORDINATOR'S OFFICE WITH ENOUGH TIME TO SET UP THE ACH. PAYMENTS WILL BE CREDITED INTO YOUR ACCOUNT THEREAFTER AS THE REIMBURSEMENTS DO.

PLEASE RETURN YOUR COMPLETED FORM WITH A VOIDED CHECK (CAN BE A COPY) OR LETTER FROM THE BANK (NO DEPOSIT SLIPS) TO THE ADDRESS LISTED BELOW:

**Local Union 364 Supplemental Unemployment Benefit Fund
6820 Mill Road
Rockford, Illinois 61108
(815) 398-6282
Fax (815) 398-1203**

FOR OFFICE USE ONLY

Credit Effective Date: _____ Credit Amount: \$ _____