

**Western States 401k Retirement
Fund of the OPEIU**

Loan Repayment Auto Pay Application Form

Completed Forms should be forward to: Western States 401(k) Retirement Fund of the OPEIU
1220 SW Morrison St., Suite 300
Portland OR 97205

Questions? Call (503) 224-0048 or (800) 547-4457, Ext. 1677

A voided blank check or deposit slip must accompany this application form.

Name: _____ SS#: _____
(Please Print)
Address: _____ Phone: (____) _____
City: _____ State: _____ Zip: _____

I authorize the Western States 401(k) Retirement Fund of the OPEIU to initiate deductions from my account as listed below and to apply the funds as my monthly Western States 401(k) loan repayment to the Western States 401(k) Plan.

Checking Account Savings Account

Bank Name: _____

Name(s) on Account: _____

Bank Account Number: _____

Bank ABA Routing Number (9-digits): _____

Authorized Signature: _____ Date: _____

This authorization shall remain in effect until canceled by me in writing.

For Plan Administrator Use only:

Beg. Date _____ Amount\$ _____

CSR _____ Date _____

Application forms are due by the 10th of the month for that month's payment to be made via auto pay.
Auto pay will be deducted from the account specified above on or about the 20th of the month.
