



Application for Supplemental Unemployment Benefits

IBEW 257-NECA Income Security Fund

5735 Elizabeth Avenue  
Saint Louis, MO 63110

Phone 314/752-2330  
Fax 314/752-5813

1. Participant Information (Please print or type)

First Name	MI	Last Name	Social Security Number	
			xxx-xx-	
Street Address		City	State	Zip Code
Mobile Phone Number	Email Address		Date of Birth	
Last Employer				

2. Withholding Certificate (complete W-4 is available upon request)

<b>1. Marital Status -</b> Single                      Married                      Married, But Withholding at a Higher Single Rate <i>Please note - if married, but legally separated, or spouse is non-resident, chec the Single box.</i>	
<b>2. Total Number of Allowances.....</b>	
<b>3. Additional Amount, if any, you want deducted from each TES payment.....</b>	\$
<b>4. I claim exemption from withholding (check the following that apply):</b>	
(a) Last year I did not owe any Federal Income Tax and had a right to a full refund, AND	
(b) This year I do not expect to owe any Federal Income Tax and expect to have a right to a full refund. If both (a) and (b) apply, enter the year effective and EXEMPT here	
(c) Are you a full time student?                      Yes                      No	

3. Signature and Certification of Participant

I hereby certify the foregoing statements, including any accompanying statements are true, correct and complete to the best of my knowledge. I also hereby certify the withholding exemption and allowances claimed do not exceed the number in which I am entitled and if I am claiming exempt, I have not/will not incur any liability for Federal Income Tax withholding for the current and previous year.

Participant Signature	Date



## IBEW-NECA Service Center

[www.svcctr.org](http://www.svcctr.org)

5735 Elizabeth Avenue St. Louis, MO 63110

314/752-2330 Fax: 314/752-5813

Toll Free 877/281-2430

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### DIRECT DEPOSIT AUTHORIZATION AGREEMENT

#### Direct Deposit provides you with these valuable benefits:

1. **Convenience** – With Direct Deposit you eliminate a trip to your bank to deposit your check. On payday your money has already been deposited into your account.
2. **Peace of Mind** – With Direct Deposit you eliminate the worry of receiving your payment timely due to mail delays or having your check lost or stolen.
3. **Freedom and Time Savings** – With Direct Deposit you know your payment will be electronically deposited to your account, whether you are on vacation, traveling, or ill.
4. **Interest** – With Direct Deposit your money is deposited one to ten days earlier, so it goes to work for you that much quicker.
5. **Weatherproofing** – Many times bad weather makes depositing your check inconvenient or even hazardous. With Direct Deposit, you can do something about the weather – ignore it, your deposit has been made for you!

#### Important Facts About Your Direct Deposit

Payments from the various benefit funds will continue to be made on the same schedule as with prior payments. Should the pay date fall on a weekend (Saturday or Sunday) or a Holiday, every attempt will be made in order for your benefit payment to be deposited on the business day prior to the weekend or Holiday. Please note, the Service Center reserves the right to amend the deposit schedule if needed, of which you will be notified.

It is important to note, notice of direct deposit will not be sent by this office. You will however receive an email notification that you can obtain payment information by accessing your individual benefit accounts online at [www.svcctr.org](http://www.svcctr.org) or as always, you may check your bank account status the morning of expected payment.

You are unable to split your deposit between two or more accounts, all electronic deposits must be made to one account.

Direct Deposit is automatic; however, you may contact the financial institution where your benefit payment is deposited if you have any questions.

To authorize Direct Deposit or to change the account into which your benefit is deposited, simply complete the back side of this authorization and return it to the IBEW-NECA Service Center at the address shown on this form or in the enclosed envelope.

# **DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

The IBEW-NECA Service Center provides a safe, easy, and trouble-free way for you to receive your benefit payments. **Direct Deposit places your benefit payment from the Pension, Vacation, Holiday, Income Security Funds and/or Health and Welfare (temporary disability) electronically into your checking or savings account instead of waiting to receive your check by mail.**

## **Participant Information**

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
XXX-XX-  
Social Security Number (Last 4 Digits Only)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Mobile Telephone Number

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Local Union Number

## **Banking Information**

\_\_\_\_\_  
Bank Name

Checking     Savings  
\_\_\_\_\_  
Account Type (Please Check Above)

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Number

A voided check for checking or deposit slip for savings must be submitted with this form. Please note, deposit slips do not always have the correct routing and account numbers, they may include INTERNAL bank account numbers. Please verify with your bank, the routing and account number are correct before submitting this form.

I hereby authorize the IBEW-NECA Service Center to initiate credit entries as indicated on the form above for all benefit payments issued from the various Funds in which I participate. I further authorize the IBEW-NECA Service Center to initiate debit entries as adjustments for credit entries made in error. This authorization is to remain in effect until the IBEW-NECA Service Center receives written notification from me terminating direct deposit or a change in account status.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date