

Bank Information Request

Account Information

Name _____

Bank Information

Bank Name _____

Bank Address (Street, City, St. ZIP) _____

ABA Number _____ Bank Account Number _____
(Call your bank for the ABA#)

Type (Checking or Savings) _____

Please deposit my Covenant Pension monthly check to the above account.

Signature Current Telephone Number: _____

Please **enclose a voided copy of your bank check here.**

Please give us information on the family member or other person to contact about your bank account in the case of your death or disability.

Name: _____ Relationship: _____

Address: _____ Telephone #: _____

Send Completed Form to: Director of Pensions
Evangelical Covenant Church
8303 W Higgins Road
Chicago, IL 60631