IATSE LOCAL 129

INformation Change

# BANKING INFORMATION CHANGES

This form should be forwarded to your employers.

### Account Information

|  |  |  |
| --- | --- | --- |
| Name of Financial Institution: |  |  |
| Routing Number: |  |  |
| Account Number: |  | Checking |  Savings |

### Signature

|  |  |  |  |
| --- | --- | --- | --- |
| Authorized Signature (Primary): |  | Date: |  |
| Authorized Signature (Joint): |  | Date: |  |

#### Please attach a voided check or deposit slip and return this form to the Payroll Department. SCanned copies are acceptable