

# 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.**

\_\_\_\_\_ Current Telephone Number: \_\_\_\_\_

**Signature**

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

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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: Covenant Pension Plan  
5101 N. Francisco Avenue  
Chicago, IL 60625