

Abatement Workers Local 207 National Vacation Fund
Election and Direct Deposit Authorization

Complete and return to the Abatement Workers Local 207 National Vacation Fund
700 Tower Drive, Suite 300, Troy, MI 48098

I hereby elect Direct Deposit distribution of my vacation benefit from the Abatement Workers Local 2017 National Vacation Fund ("Fund"). All legal authorizations, garnishments, levies, and written assignments will be deducted prior to deposit. I authorize the Fund to deposit my vacation distribution to the bank ("Account") at the bank or financial institution ("Bank") identified below. I hereby authorize the Bank to accept, I authorize the Bank and the Fund to make the appropriate adjustment. I agree that transactions authorized herein shall be made under the rules of the Automated Clearing House Association ("ACH") and shall comply with all applicable laws and regulations. This authorization will be in effect until the Fund receives a written termination notice from myself and has a reasonable opportunity to act on it. Monthly statements are available by submitting a written request to the Fund Office at the address above.

Name of Participant Authorizing Transfer: _____

Participant Address: _____

Email: _____ Local Union: _____

Account Type (check one): ☐ Checking/Sharedraft ☐ Savings

Name of Bank: _____

Address of Bank: _____

Bank Routing Number (ABA) Number: _____ *Please attach a voided*
Bank Account Number: _____ *check to this form.*

**If any of the above information changes, I will promptly complete a new
authorization agreement.**

Participant Signature: _____

Participant ID/SSN: _____

Print Name: _____ Date: _____