

BAC Local 2 of Michigan Holiday Fund
Direct Deposit Authorization 2026

I hereby elect to receive a direct deposit of my holiday benefit from the BAC Local 2 of Michigan Holiday Fund. I authorize the Fund to deposit my holiday benefit to the account ("Account") at financial institution ("Bank") identified below and authorize the Bank to accept the deposits. In the event that an incorrect amount should be deposited into my account, 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 comply with all applicable U.S. law. 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.

Bank Name: _____

Bank City/State: _____

Account Type: Checking Savings

Routing Number: _____

Account Number: _____

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

PLEASE CLEARLY PRINT DETAILS BELOW:

Name: _____

Last 4 of SSN: _____

Address: _____

Phone: _____

Local Union: _____

Participant Signature: _____ Date: _____

COMPLETE AND RETURN NO LATER THAN October 27, 2026 to:

**BAC Local 2 of Michigan Holiday Fund
P.O. Box 99490, Troy, MI 48099-9490**

phone (248)828-6000/ fax (248)828-6001/ email bacfund@bricklayers.org