

## **AUTHORIZATION FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

**International Association of Heat and frost Insulators Workers Local Union No. 13 Pension  
Fund  
PO Box 834  
Troy, MI 48099**

### **SECTION A**

I hereby authorize the International Association of Heat and frost Insulators Workers Local Union No. 13 Pension Fund (hereinafter called "Fund") to initiate credit entries to my checking (    ) or savings (    ) account (select one)\* indicated below, AND, IF NECESSARY, TO INITIATE A DEBIT OF ANY ERRONEOUS OVERPAYMENTS, for the depository named below (hereinafter called "Depository"), and to credit and/or debit the same to such account.

**\* Please attach a voided check if a checking account is selected.**

ACCOUNT HOLDER'S NAME \_\_\_\_\_

DEPOSITORY (BANK) NAME \_\_\_\_\_

BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ABA \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

PARTICIPANT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

SSN \_\_\_\_\_

### **SECTION B**

If the checking/savings account designated in this Authorization is a joint account, please provide the following information on the non-participant/beneficiary joint account holders.

NAME \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

### **SECTION C**

If the status of my account changes from an individual to a joint account, or there is any change to the status of a joint account holder, I hereby agree to notify the Fund of any such change and to provide the information set forth in Section B above, no later than fifteen (15) calendar days from such change of account status.

This Authorization shall remain in full force and effect until Fund has received written notification from me of its termination with sufficient time to afford the Fund a reasonable opportunity to act on it.

**I HEREBY SWEAR AND AFFIRM, UNDER PENALTY OF PERJURY, THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND THAT I FULLY UNDERSTAND MY OBLIGATIONS AND THE OBLIGATIONS OF MY HEIRS OR ASSIGNS UNDER THIS AUTHORIZATION.**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

### **FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_

Processed by \_\_\_\_\_