



VACATION

DIRECT DEPOSIT AGREEMENT

Name of Participant _____ Social Security No _____

Address _____

City _____ State _____ Zip _____

Telephone No () _____

Bank Account Information – Attach a voided check from your account and/or complete the information below. See sample check at the bottom of the page for help completing this section.

Routing No. Account No. _____

Type of Account: Checking Savings

Financial Institution

Name _____

Address _____

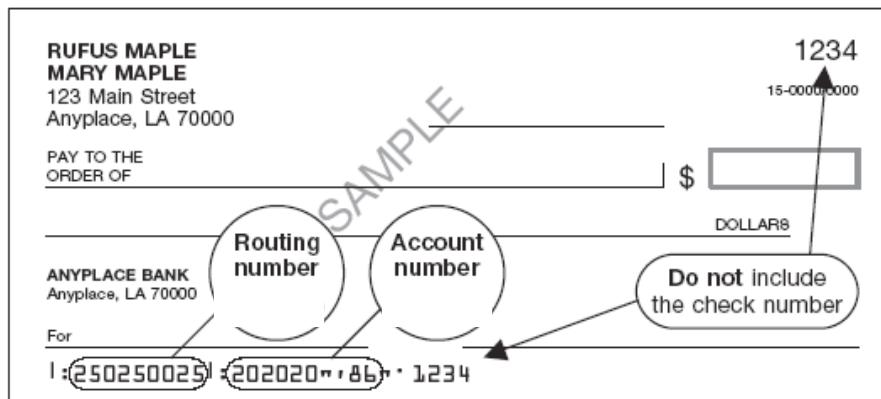
City _____ State _____ Zip _____

Telephone Number _____

I, the undersigned, hereby authorize the Board of Trustees of the Vacation Pay Fund to deposit all amounts due to me under the Vacation Pay Fund in my account at the Financial Institution named above.

Signature

Date



Note: The routing and account numbers may be in different places on your check.