

**LIVERMORE VALLEY  
JOINT UNIFIED RETIRED EMPLOYEE HEALTH BENEFIT FUND**

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**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS**

Livermore Valley Joint Unified Retired Employee Health Benefit Fund:

I (we) hereby authorize Livermore Valley Joint Unified Retired Employee Health Benefit Fund, herein called the Fund, to initiate debit entries to my (our) checking account / savings account (select one) indicated below at the depository financial institution named below, hereafter called the Depository, and to debit the same to such account. I (we) acknowledge that the origination of the automated clearing house transactions to my (our) account must comply with the provision of U.S. Law.

Depository

Name \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Routing  
Number \_\_\_\_\_

Account  
Number \_\_\_\_\_

This authorization is to remain in full force and effect until the Fund has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Trust and the Depository to act on it.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**PLEASE ATTACH A VOIDED CHECK**