

# PACIFIC COAST SHIPYARDS METAL TRADES TRUST FUND

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August 2020

To: Participants of the Pacific Coast Shipyards Metal Trades Trust Fund

From: Board of Trustees

Dear Participant:

The Board of Trustees has recently implemented automatic ACH deduction to facilitate the payment of your monthly Health and Welfare premiums.

## **Automatic Deduction for Monthly Retiree Self Payment Form** **The BEST way to pay your** **monthly healthcare premium payment!**

**And here's why...**

**Automatic deduction is safe** because your monthly Retiree self payment is *automatically deducted from your bank account* – no more worrying about lost or stolen checks or delays caused by mail service.

**Automatic deduction is free!** Deducting your payments from your bank account eliminates the cost of using personal checks and stamps.

**Automatic deduction is easy** because your Retiree self payment is deducted from your checking or savings account on time, correctly and confidentially. **No more worries about termination of your healthcare for late or lost checks.**

After completion it will take the Benefit Office about 30 days to process your automatic payment enrollment. Until your enrollment is complete, you will continue to receive monthly self payment statements to remind you that your self payment is due.

We have enclosed a self-addressed envelope for your convenience.

You may also fax your completed form to (925) 462-0108.

Thank you.

# PACIFIC COAST SHIPYARDS METAL TRADES TRUST FUND

## BANK ACCOUNT RETIREE SELF PAYMENT AUTO DEDUCTION AGREEMENT

Name of Participant \_\_\_\_\_ Social Security No \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

**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. DO NOT attach a deposit slip.

Routing No.          Account No. \_\_\_\_\_

Type of Account: ☐ Checking ☐ Savings

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

I, the undersigned, hereby authorize the Pacific Coast Shipyards Metal Trades Trust Fund to deduct all amounts required under the Fund to continue my healthcare coverage from my bank account at the Financial Institution named above. **I understand that the required payment will be deducted from the account indicated above on or around the 10<sup>th</sup> of each month.** This authorization shall remain in force until I revoke it in writing or until my death, whichever occurs first. If at any time the Fund should credit my account for a benefit to which I am not entitled, I authorize and direct the Financial Institution to refund the Fund.

Signature \_\_\_\_\_

Date \_\_\_\_\_

RUFUS MAPLE  
MARY MAPLE  
123 Main Street  
Anyplace, LA 70000

PAY TO THE  
ORDER OF \_\_\_\_\_ \$ 1234

ANYPLACE BANK  
Anyplace, LA 70000

For \_\_\_\_\_

Routing number (line 23b) 250250025 Account number (line 23d) 202020186

Do not include the check number

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

Return completed form by mail to P.O. Box 2510, San Ramon, CA 94583 or by fax to (925) 462-0108

7180 Koll Center Parkway, Suite 200, Pleasanton, CA 94566 • P O Box 2510 • San Ramon, CA 94583  
Phone 925-398-7056 • Toll Free 844-403-0032 • Fax 925-462-0108