



# Local Union No. 598 Plumbing & Pipefitting Industry Health & Welfare Plan & Trust

## Direct Deposit Authorization Agreement

Completed forms should be forward to:

Local Union No. 598 Plumbing & Pipefitting  
PMB #116  
5331 S Macadam Avenue, Suite 258  
Portland, OR 97239  
(800) 205-7002

### I WOULD LIKE TO:

- ☐ Authorize a new Direct Deposit
- ☐ Change an Existing Direct Deposit
- ☐ Cancel an Existing Direct Deposit

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I authorize BeneSys, Inc. to initiate credit entries to my account with the Financial Institution indicated below. This authority is to remain in full force and in effect until BeneSys, Inc. has received written notification from me of its termination in such time and in such manner as to afford A&I Benefit Plan Administrators, Inc. and the Financial Institution a reasonable opportunity to act on it. I understand this authorization is for reimbursements from my Health Reimbursement Arrangement.

☐ Checking Account

**A voided blank check MUST accompany this form**

☐ Savings Account

**A voided blank deposit slip MUST accompany this form**

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

Name(s) on Account: \_\_\_\_\_

Bank ABA Routing Number (9-digits): \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR ADMINISTRATIVE USE ONLY

DATE ENTERED: \_\_\_\_\_ BY: \_\_\_\_\_

PMB #116, • 5331 S Macadam Avenue Suite 258, • Portland, OR 97239

Toll Free (800) 205-7002 Fax (503) 228-0149

[www.UA598benefits.org](http://www.UA598benefits.org)