



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

ACH AUTHORIZATION FORM

Dear Retiree,

To have an automatic withdrawal from your checking account, please complete the box below and attach a voided check from your checking or savings account.

If you have questions. Or need additional information or assistance in completing this form, please contact us at 1-800-205-7002.

Sincerely,

Benesys, Inc.
Local Union 598 Plumbing & Pipefitting Industry Trust Fund

I hereby authorize the BeneSys, Inc. to withhold the proper amount from my checking or savings account for retiree health and welfare coverage.

Name

Social Security Number

Signature

Date

Please return completed and signed form the following address:
Local Union No. 598 Plumbing & Pipefitting Industry Trust Funds
BeneSys, Inc.
PMB #116, 5331 S Macadam Ave, Suite 220
Portland, OR 97239
Fax: 503-228-0149 or Email: 598benefits@benesys.com