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: _____