



**Local Union No. 598**  
**Plumbing & Pipefitting Industry Trust Funds**

**VACATION PLAN DIRECT DEPOSIT AUTHORIZATION**

Participant's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_  
Mailing Address City State Zip

Please check here if this is a new address and/or phone number: ☐

I hereby authorize the **Local Union 598 Plumbing & Pipefitting Industry Trust Fund**, hereinafter called the Vacation Plan; to automatically deposit savings funds due me to the account identified below, and the Financial Institution named below to accept such deposits initiated by the Vacation Plan. In the event of an incorrect amount or entry, I authorize the Vacation Plan to reverse this transaction.

Financial Institution: \_\_\_\_\_ Telephone: \_\_\_\_\_

Routing/ABA Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

☐ Checking

☐ Savings

This authorization is to remain in full force and effect until the Savings Plan has received written notification from me of its termination in such time and in such manner as to afford the Savings Plan and The Financial Institution a reasonable opportunity to discontinue the direct deposit.

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

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