



**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.