

SHEET METAL WORKERS' LOCAL 292  
VACATION  
P.O. Box 189  
Troy, MI 48099  
(248) 641-4992 (888) 646-6565

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Name of Payee \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Birth Date \_\_\_\_\_

**FINANCIAL INSTITUTION INFORMATION:**

*Please contact your Financial Institution to obtain the following on your savings or checking account. If you direct your vacation deduction into a checking account you may attach a copy of a voided check.*

Name of Financial Institution \_\_\_\_\_

Does your Financial Institution accept "Automated Clearing House" transactions? ☐ Yes ☐ No

Bank Routing No. \_\_\_\_\_ Account No. \_\_\_\_\_

Type of Account ☐ Checking/Share draft ☐ Savings

Phone No. \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, the undersigned, hereby authorize the Fund Office to deposit all vacation deduction amounts due me into my account at the Financial Institution named above. This authorization shall remain in force until I revoke it in writing or until the Fund Office's receipt of my death, whichever occurs first. The undersigned authorizes the above named Financial Institution to return directly from my account to the Fund Office any amounts erroneously deposited therein.

\_\_\_\_\_  
Signature of Payee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Signature (If joint account BOTH persons must sign this authorization)

\_\_\_\_\_  
Date

RETURN FORM TO:  
Sheet Metal 292 Vacation Department  
700 Tower Drive, Suite 300  
Troy MI 48098