

# U.A. Local No. 393 Benefit Funds

## HEALTH & WELFARE, SUB, DEFINED BENEFIT PENSION AND DEFINED CONTRIBUTION

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### AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

U.A. Local No. 393 Health and Welfare Plan:

I (we) hereby authorize U.A. Local No. 393 Health and Welfare Plan, herein called the Plan, to initiate debit entries to my (our) checking account / savings account at the Financial Institution named below, and to debit the same to such account. I (we) acknowledge that the origination of the automated clearing house transactions to my (our) account must comply with the provision of U.S. Law.

Please select one:

- ☐ Checking Account  
☐ Savings Account

Financial Institution

Name \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_

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

Routing  
Number \_\_\_\_\_

Account  
Number \_\_\_\_\_

This authorization is to remain in full force and effect until the Fund has received written notification from me of its termination in such time and in such manner as to afford the Trust and my referenced Financial Institution to act on it.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Spouse's Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**PLEASE ATTACH A VOIDED CHECK**