

U.A. LOCAL NO. 393 BENEFIT FUNDS

SUPPLEMENTAL UNEMPLOYMENT PLAN DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Name of Participant _____ Social Security No _____

Address _____

City _____ State _____ Zip _____

Telephone No () _____

Bank Account Information –Complete the information below.

See sample check at the bottom of the page for help completing this section. DO NOT attach a deposit slip.

Routing No. Account No. _____

Type of Account: ☐ Checking ☐ Savings

Financial Institution

Name _____

Address _____

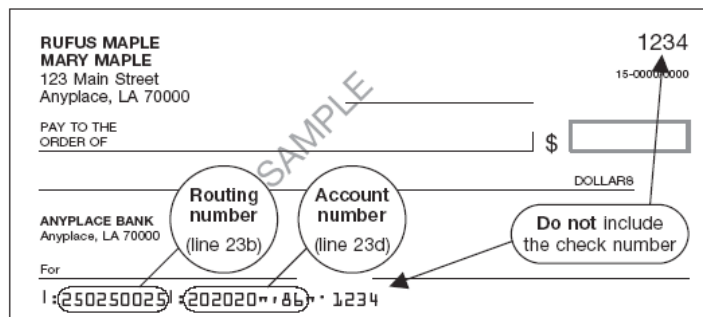
City _____ State _____ Zip _____

Telephone Number _____

I, the undersigned, hereby authorize the Board of Trustees of the U.A. Local 393 Supplemental Unemployment Plan (“Plan”) to deposit all amounts due to me under the Plan in my account at the Financial Institution named below. This authorization shall remain in force until I revoke it in writing or until my death, whichever occurs first.

Signature

Date



Note: The routing and account numbers may be in different places on your check.