



Roofers Local 149 Vacation and Holiday Fund

P.O. BOX 396
TROY, MICHIGAN 48099-0396
(248) 641-4949 (888) 868-6411
E-FAX 248-721-9679

DIRECT DEPOSIT AGREEMENT

Name of Employee _____ Social Security No. _____

Address _____

City _____ State _____ Zip _____

Telephone No. () _____

I, the undersigned, hereby authorize the Board of Trustees of the Roofers Local 149 Vacation and Holiday Fund ("the Vacation Fund") to deposit all amounts due to me under the Vacation Fund in my account at the Financial Institution named below.

Employee Signature

Date

FINANCIAL INSTITUTION INFORMATION

Please have your Financial Institution complete the following information on your savings or checking account. If you direct your Vacation benefits into a checking account, you may attach a copy of a voided check if you choose.

Routing No. _____ Account No. _____

Type of Account Checking/Sharedraft Savings

Name of Financial Institution _____

Address _____

City _____ State _____ Zip _____

Telephone Number () _____

Signature

Date