

ASBESTOS WORKERS LOCAL 24 PENSION PLAN
52-6117923

AUTHORIZATION FOR AUTOMATIC DEPOSITS (ACH CREDITS)
Part IV

I hereby authorize the Asbestos Workers Local 24 Pension Plan, hereinafter called "Plan," to initiate credit entries and to initiate, IF NECESSARY, DEBIT AND ADJUSTMENTS FOR ANY CREDIT ENTRIES IN ERROR to my checking () or savings () account (select one) indicated below and the depository named below, hereinafter called "Depository," to credit and/or debit the same to such account.

DEPOSITORY NAME _____

BRANCH ADDRESS _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA # _____ ACCOUNT # _____

This authority is to remain in full force and effect until the Plan has received written notification from me of its termination in such time and in such manner as to afford the Plan a reasonable opportunity to act on it.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (_____) _____ SSN _____

SIGNATURE _____

DATE _____

Please attach a voided check if a checking account is selected.

FOR FUND USE ONLY

Date Received _____ Processed By _____