

NECA-IBEW LOCAL 364 WELFARE TRUST FUND

DIRECT DEBIT AUTHORIZATION AGREEMENT

I (we) hereby authorize the NECA-IBEW Local 364 Welfare Trust Fund to instruct my Financial Institution to make monthly Retiree Payments on the dates due, from the Account indicated below. The authority remains in effect until The Fund has received written notification from me of termination in time to allow reasonable opportunity to act on it, or until The Fund has sent me written notice of termination of this agreement. I also understand that if the self-payment rate changes at any time, the amount of my debit will also change accordingly.

CONTACT INFORMATION

Name(s) on Account: _____

Daytime Phone #: () _____ Other Phone #: () _____

Address: _____

Other Address: _____

Member ID or SS#: _____

Member Signature: _____ Date: _____

Alternate Signature if Joint Account*: _____ Date: _____

*If more than one name appears on the account to be debited, both parties must sign the authorization form.

REQUIRED FINANCIAL INSTITUTION INFORMATION

(A Voided Check or letter from bank must accompany this form)

Name of Financial Institution: _____

Account Type (select one): Checking _____ Savings _____

Account Number : _____

Transit Routing Number: _____

(This number is located in the lower left corner of your check)

PLEASE NOTE: COMPLETED FORMS MUST BE RECEIVED BY THE FUND OFFICE NO LATER THAN THE 20TH OF EACH MONTH. PAYMENTS WILL BE DEDUCTED FROM YOUR ACCOUNT THEREAFTER ON OR ABOUT THE 25TH OF EACH MONTH.

PLEASE RETURN YOUR COMPLETED FORM WITH A VOIDED CHECK OR LETTER FROM BANK TO THE ADDRESS LISTED BELOW:

NECA-IBEW Local 364 Welfare Trust Fund
6525 Centurion Drive
Lansing, Michigan 48917-9275
Toll Free: 1-877-364-4239
(517) 321-7508 fax

FOR OFFICE USE ONLY

Debit Effective Date: _____ Debit Amount: \$ _____ S/P Code: _____