## **AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

Fund") to initiate credit entries under the terms of the Health E	onal Union of Operating Engineers Local No. 478 Health for any Supplemental Unemployment Benefits (SUB) to Benefits Fund and its associated plan to my ( <u>)Checking</u> king financial institution named below, hereinafter called	owhich I may become entitled OR ()Savings account (select
DEPOSITORY NAME:		-
BRANCH LOCATION:		-
СІТҮ:	STATE AND ZIP CODE:	
DEPOSITORY PHONE NUMBER: _		
TYPE OF ACCOUNT:	(CHECKING OR SAVINGS)	
***NOTE: IF DEPOSITING INTO C	HECKING PLEASE RETURN A VOIDED CHECK WITH THIS AG	REEMENT
ROUTING NUMBER(9 DIGITS):_		
ACCOUNT NUMBER:		
from me of its termination in opportunity to act on it, (2) my Benefits Fund. I also authorize payment made subsequent to m	n full force and effect until: (1) the Health Benefits Fund h such time and in such manner as to afford the Healt death or legal incapacity, (3) withdrawn by the Depositor and direct the Depository to charge said Account, or the y death or in error, and to refund any such payment to the	th Benefits Fund a reasonable ry, (4) withdrawn by the Health e account of my Estate, for any e Health Benefits Fund.
SIGNED:		
DATE:		
1. Fill in all boxes above.	HOW TO COMPLETE THIS FORM	
2. Sign and date the form.		1234
make sure they will accept direct deposits.	JOHN PUBLIC 123 Main Street Your Town, FL 12345	1234
(TIP) Verify your account number and routing transit number with your financial institution	PAY TO THE ORDER OF	\$
TIP Do not use a deposit slip to verify the routing number.	Your Town, Bankl Your Town, FL 12345	DOLLARS
Routing Transit Number	For	
Account Number	1(250000005)1: 1(234556789022)"	