

Operating Engineers Local 49 Health & Welfare Fund

Direct Payment ACH Debit Authorization Form

I (we) hereby authorize the Operating Engineers Local 49 Health & Welfare Fund, hereinafter called "**Fund**" to initiate debit entries to my (Our)

Select One: _____ **Checking Account** _____ **Savings Account**

indicated below at the depository financial institution named below, hereinafter called "**Depository**" and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I (we) understand that the debit entries will occur on the 15th day of the month prior to the month of coverage.

Name of Financial Institution _____

Branch _____

Phone Number of Financial Institution _____

Type of Account: _____ Checking Account (attach a voided check) _____ Savings Account

Account Number: _____

Routing Number _____

(For checking accounts this is the 9 digit number located on the bottom of the check. Call your financial institution to get the routing number for savings accounts. Do not use the deposit ticket numbers.)

Participants Name (print name) _____

Social Security Number _____

Home Phone Number _____

Participants Signature _____

Date _____

****This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.**

****Please be advised that you will be notified at least 10 days in advance of any change in the dollar amount of the automatic account charge.**

Return this completed form (include a voided check, for checking withdrawals) to:

**Operating Engineers Local 49 Health & Welfare Fund
Attn: Accounting Dept.
3001 Metro Drive, Suite 500
Bloomington, MN 55425**