

# 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 15<sup>th</sup> day of the month prior to the month of coverage.

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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.)

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Participants Name (print name) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Participants Signature \_\_\_\_\_

Date \_\_\_\_\_

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**\*\*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.**

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**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**