

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

THIS FORM MUST BE MAILED OR DROPPED OFF TO THE FUND OFFICE

NO INTERNATIONAL BANKS

Please ✓ One Box: ☐ STEAMFITTER
(Construction Trades Branch) ☐ SERVICE FITTER
(Metal Trades Branch)

Bank Name

Bank Address (Number/Street)

City

State

Zip Code

Bank Routing Number (Normally first 9 digits on lower left hand corner of check)

Please Check One:

☐ Checking Account
(Include a voided check)

☐ Savings Account

☐ Money Market Account
(Include a voided check)

Account Number

Name (Participant)

Phone Number

Address

Apt. #

City

State

Zip Code

Book Number

☐ Check this box if you want this form to replace a direct deposit form already on file at the Fund Office.

I hereby authorize The Steamfitters' Industry Local 638 Fund Office to remit my payments to the financial institution indicated above, and that financial institution to debit my account and to refund any overpayments. This authorization will remain in effect until I notify the Fund Office in writing that I wish to terminate it.

Date



Signature