

ELECTRICAL WORKERS VACATION FUND

Request for Direct Deposit

Please print using blue or black ink. Send completed form to the following address or fax to:

Wisconsin Electrical Employees Benefit Funds
2730 Dairy Drive, Suite 101
Madison, WI 53718
(Fax) 608-288-9095
(Phone) 608-276-9111 or 800-422-2128

Information about you:

Social Security Number _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Local Union Working In: _____ Daytime Telephone Number _____

Direct Deposit Information:

Financial Institution Name: _____ Phone number _____

Address: _____ City _____ State _____ Zip _____

Bank's Routing/Transit/ABA Number: _____

Account Number: _____ Checking or Savings

(Please attach a voided check or a confirmation letter from your Bank)

A VOIDED CHECK OR A CONFIRMATION LETTER FROM YOUR BANK MUST BE SUBMITTED WITH THIS FORM. IF NO VOIDED CHECK OR LETTER IS PROVIDED AND THE VACATION ACCOUNT NUMBERS ARE INACCURATE OR THE ACCOUNT IS CLOSED YOU WILL BE LIABLE FOR THE \$30.00 RETURN FEE CHARGED TO THE FUNDS ACCOUNT. THIS RETURN FEE MUST BE PAID AND SENT IN WITH A COPY OF YOUR VOIDED CHECK OR CONFIRMATION LETTER BEFORE THE VACATION MONEY WILL BE TRANSFERRED A SECOND TIME.

As a participant under the plan, I hereby authorize the Wisconsin Electrical Employees Health and Welfare Plan to make all of my Electrical Workers Vacation Fund payments to the bank account I listed above in the form of direct deposit via electronic fund transfer (EFT).

In the event that an overpayment is credited to my bank account or an error in deposit is made to my account, I authorize and direct the bank designated above to debit my account and refund any overpayment to the Wisconsin Electrical Employees Health and Welfare Plan. This authorization will remain in effect until the Wisconsin Electrical Employees Benefit Funds receives a written notice from me stating otherwise and until they have had a reasonable chance to act upon it.

Signature X _____ Date _____