

AUTHORIZATION AGREEMENT FOR ACH DEBITS

INSTRUCTIONS: 1) Return this copy to the Wisconsin Electrical Employees Health & Welfare Fund at 2730 Dairy Drive Suite 101 Madison, WI 53718. (You must ATTACH a voided check OR a Copy of a check) 2) Give a copy to your financial institution. 3) Keep one copy for your Own records. Type or Print in Dark Ink.

Name _____ Social Security Number _____
Address _____
City _____ State _____ Zip Code _____
Daytime phone number _____

Authorization and Signature

I (we) hereby authorize Wisconsin Electrical Employees Health & Welfare Fund (WEEH&WF) to initiate debit entries to my (our) checking account, and the depository indicated below to debit the same to such account.

Name of Depository (Financial Institution) _____
Name of Branch (if applicable) _____
Telephone number of your Financial Institution _____
Routing Number (Instructions below OR ask your Financial Institution): _____
Account Number (Instructions below OR ask your Financial Institution): _____

This authority is to remain in full force and effect until (WEEH&WF) and the depository has received written notification from me (or either of us) of its termination. Such notice of termination shall be made in such time and manner as to afford WEEH& WF and the depository a reasonable opportunity to act on it.

Signature of Participant: _____ Date _____
If this is a Joint checking account
Signature of Joint Account holder: _____ Date _____

How to Locate the Routing and Account numbers of your Account

The routing number is a 9 digit number which identifies your financial institution (normally the first numbers at the bottom of your checks)

Your Account number may vary in length of digits and spaces and appears after the routing number usually.

Be Sure to Attach a Voided Check or a copy of a check