

## DIRECT DEBIT AUTHORIZATION FORM

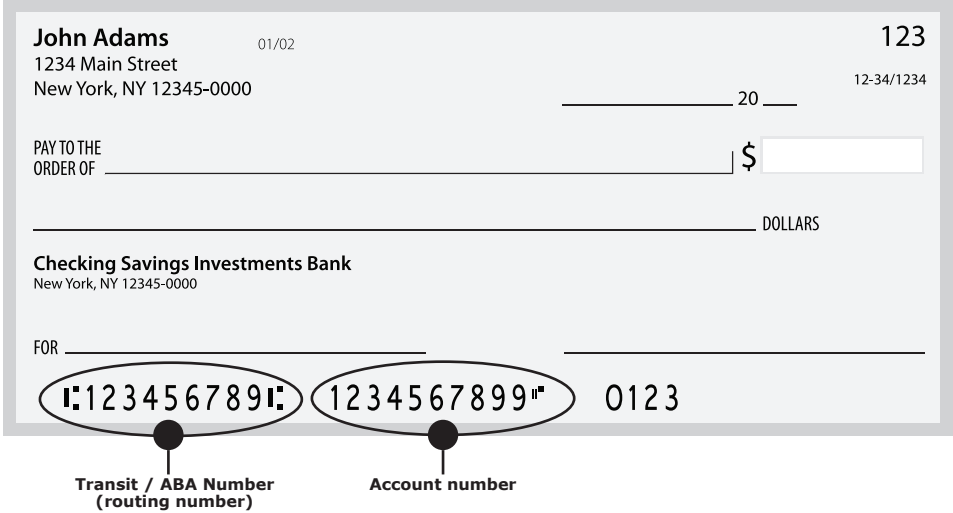
**By completing and signing this form, I hereby authorize UFCW Local 655 Welfare Fund, to initiate debit entries as indicated and named below to my account at the depository financial institution, hereinafter named FINANCIAL INSTITUTION, and to debit the same to such account. I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of U.S. and State Law.**

**I am a duly authorized check signer on the financial institution account identified below, and authorize all of the above as evidence by my signature below.**

Member's Name	Date of Birth	Social Security # or Policy Holder's ID
Address		Member's Phone #

### FINANCIAL INSTITUTION (BANK) INFORMATION

Financial Institution	
Branch	Account Type (Select One): <input type="radio"/> Checking <input type="radio"/> Savings
Transit/ABA Number (routing number)	Account Number



**UFCW Local 655 Welfare Fund**  
**Please return this form with a voided check to: 300 Weidman Road, Suite A**  
**Ballwin, Missouri 63011**

**This authorization shall remain in force until UFCW Local 655 Welfare Fund receives written notification of termination within ten days of anticipation of the next transaction, to ensure UFCW Local 655 Welfare Fund and the FINANCIAL INSTITUTION a reasonable opportunity to act and to make necessary adjustments. I understand that UFCW Local 655 Welfare Fund reserves the right to terminate this payment method and my participation in this service at any time.**

Member's Signature	Date
--------------------	------