

Plumbers & Steamfitters Local 106
Health and Welfare Fund
Pension Trust Fund
 822 NORTH LAKESHORE DRIVE
 LAKE CHARLES, LA 70601
 (337) 433-1447

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Company Participant
 Name: Plumbers & Steamfitters Local #106 Pension Trust Fund Social Security #:

I(we) hereby authorize Plumbers & Steamfitters Local #106 Pension Trust Fund, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my(our) ___ Checking ___ Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Depository (Participant's Bank)

Name:	Branch:
City:	State: Zip:
Transit/ABA No:	
Account No.:	

This authority is to remain in full force and effect until COMPANY has received **written notification** from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Participant's Social
 Name: _____ Security #:

Date: _____ Signature: _____ Phone #:

Spouse's Name: _____ Social Security #:

Date: _____ Signature:

You MUST attach a VOIDED CHECK to this authorization form!

