

DIRECT DEBIT AUTHORIZATION AGREEMENT

I (we) hereby authorize the Plumbers and Pipefitters Local # 333 Health and Welfare Fund to instruct my Financial Institution to make monthly Retiree Self-Payments to the Fund from the Account identified below on or around the 25th of each calendar month. This authority will remain in effect until The Fund has received, by the 15th of the month, my (our) written notification that I (we) have terminated this authorization or until the Fund has mailed to me, written notice of termination of this agreement. I agree and understand that the amount of my Account Debit will change automatically if my (our) self-payment rate changes at any time.

CONTACT INFORMATION

Name(s) on Account: _____

Daytime Phone #: _____ Other Phone #: _____

Address: _____

Other Address: _____

Member ID or SS#: _____

Member Signature: _____ Date: _____

Alternate Signature if Joint Account*: _____ Date: _____

*If more than one name appears on the account to be debited, both parties must sign the authorization form.

REQUIRED FINANCIAL INSTITUTION INFORMATION

(A Voided Check must accompany this form)

Name of Financial Institution: _____

Account Type (select one): Checking _____ Savings _____

Account Number: _____

Transit Routing Number: _____

(This number is located in the lower left corner of your check)

PLEASE NOTE: COMPLETED FORMS MUST BE RECEIVED BY THE FUND OFFICE NO LATER THAN THE 10TH OF EACH MONTH. PAYMENTS WILL BE DEDUCTED FROM YOUR ACCOUNT THEREAFTER ON OR THE LAST BUSINESS DAY THAT FALLS ON OR PRECEEDS THE 25TH OF EACH MONTH.

***PLEASE RETURN YOUR COMPLETED FORM WITH A VOIDED CHECK
TO THE ADDRESS LISTED BELOW:***

**6525 Centurion Drive
Lansing, Michigan 48917**

FOR OFFICE USE ONLY

Debit Effective Date: _____ Debit Amount: \$ _____

For questions, contact the Customer Service Department of the:
Plumbers and Pipefitters Local # 333 Health and Welfare Fund
(866)-348-9499