

**PLUMBERS AND PIPEFITTERS LOCAL UNION NO. 333**  
**FRINGE BENEFIT FUNDS**  
6525 Centurion Drive  
Lansing, MI 48917  
(517) 321-7502 • (866) 348-9499

Plumbers & Pipefitters 333 SUB Fund  
Attn: Chrissy or Nicole D.  
6525 Centurion Drive  
Lansing, MI 48917

---

---

PAYEE DEPOSIT AGREEMENT

Name of Payee \_\_\_\_\_ SSN \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Birth Date \_\_\_\_\_

FINANCIAL INSTITUTION INFORMATION:

*Please contact your Financial Institution to obtain the following on your savings or checking account. If you direct your SUB Fund benefits into a checking account you MUST attach a copy of a voided check. If you direct your SUB Fund benefits into a savings account you MUST attach a letter from your Financial Institute.*

Name of Financial Institution \_\_\_\_\_

Does your Financial Institution accept "Automated Clearing House" transactions?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Bank Routing No \_\_\_\_\_ Account No \_\_\_\_\_

Type of Account \_\_\_\_\_ Checking/Share draft \_\_\_\_\_ Savings

Phone No \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, the undersigned, hereby authorize the Board of Trustees of the Plumbers Local No. 333 SUB Fund to deposit all amounts due to me under the SUB Fund in my account at the Financial Institution named above. This authorization shall remain in force until I revoke it in writing or until the SUB Fund's receipt of my death, whichever occurs first. The undersigned authorizes the above named Financial Institution to return directly from my account to the SUB Fund any amounts erroneously deposited therein.

\_\_\_\_\_  
Signature of Payee \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Witness (This does not have to be a Notary Public) \_\_\_\_\_ Date \_\_\_\_\_