

DIRECT DEPOSIT AUTHORIZATION

Name and last 4 of SS#: _____

Address: _____

City, State, Zip: _____

Name of Bank: _____

Account#: _____

9-Digit Routing #: _____

Type of Account: checking savings

I hereby authorize Plumbers Local Union No. 68 Benefits Office to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Signature: _____

Date: _____

Attach a voided check to which funds should be deposited