

# ELECTRICAL WORKERS LOCAL 369

## BENEFIT AND RETIREMENT FUND

906 MINOMA AVENUE  
LOUISVILLE, KY 40217

PHONE: 502-635-2611  
FAX: 502-637-3444  
TOLL FREE: 800-427-2495

### AUTHORIZATION AGREEMENT DIRECT PAYMENTS (ACH DEBITS)

I (we) authorize the Electrical Workers Local 369 Benefit Fund, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account.

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Branch)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Routing Number)

\_\_\_\_\_  
(Account Number)

Type of Acct: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print Individual Name)

\_\_\_\_\_  
(Print Individual ID Number)

\_\_\_\_\_  
(Signature and Date)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!**