

# Heat and Frost Insulators and Allied Workers Local 47 Retirement Trust Fund

## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS BY ELECTRONIC TRANSFER

I hereby authorize the Heat and Frost Insulators and Allied Workers Local 47 Retirement Trust Fund to deposit my monthly pension benefit to the account and bank or financial institution identified below and authorize the bank or financial institution to accept these deposits.

This authorization is to remain in full force and effect until the Fund has received written notification of its termination from me at such time and in such manner as to afford the Fund a reasonable opportunity to act on it. If pension benefits to which I am not entitled are deposited to my account, I authorize the Fund to direct the bank or financial institution to return the full amount of said benefit immediately.

I agree that these deposits and adjustments, if any, may be made electronically and under the Rules of the Michigan Automated Clearing House Association (ACH).

***Please print or type:***

Name of Bank or Financial Institution: \_\_\_\_\_

Address of Bank or Financial Institution: \_\_\_\_\_  
(Complete Physical Street Address)

\_\_\_\_\_  
(Include additional address information here, if necessary)

Contact Person at Bank or Financial Institution: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of Account (check one):                      Checking \*                      Savings

DFI's Routing & Transit No. \_\_\_\_\_ (must be nine digits)

Account No. to Credit \_\_\_\_\_  
(Account Number may be any length)

Name of Person Authorizing Transfer: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Local Union No: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Complete physical street address)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\*ATTACH A VOIDED CHECK OF THE ACCOUNT INTO WHICH DEPOSITS ARE TO BE MADE.

RETURN COMPLETED FORM TO:  
Heat and Frost Insulators and Allied Workers' Local 47 Retirement Trust Fund  
6525 CENTURION DRIVE, LANSING, MICHIGAN 48917-9275