

**DRYWALL TAPERS**

**ANNUITY FUNDS**

36-18 33RD STREET, SECOND FLOOR  
LONG ISLAND CITY, NY 11106  
TEL (212) 242-1616  
FAX (718) 361-1934

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT  
(ACH CREDITS)**

Company Name Drywall Tapers Annuity Fund

Company ID Number: 13-3539244

I (We) hereby authorize Drywall Tapers Annuity Fund, hereinafter called COMPANY, to initiate credit entries to my Checking Account/Savings Account indicated below at the depository financial institution named below, hereafter DEPOSITORY, and credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law.

Depository Name \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_

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

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Savings Account

Checking Account

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination is such time and, in such manner, as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_ SS Number \_\_\_\_\_

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

State of \_\_\_\_\_ State Seal: \_\_\_\_\_

County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me came \_\_\_\_\_ to me known and known to me to be the person described in and who executed the foregoing statement and (s) he duly acknowledged to me that (s) he executed the same.

\_\_\_\_\_  
NOTARY PUBLIC

**NOTE: WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

