

Laborers' International Union Of North America Local 235 Benefit Funds

41 Knollwood Road Elmsford, NY 10523

Phone (914) 592-3331

FAX (914) 592-3349



Authorization Agreement for Direct Deposit

I hereby authorize Laborers' International Union of North America Local 235 Benefits Funds, hereinafter called The Fund, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my ()checking ()savings account (select one) indicated below at the bank named below, hereinafter called BANK, to credit and/or debit the same to such account.

This authorization will remain in full force and effect until the The Fund has received written notification from me of its termination in such time and in such manner as to afford the The Fund and the BANK a reasonable opportunity to act on it.

**Checking account depositors, attach a voided check here (no deposit tickets).
Savings account depositors. Deposit slips can NOT be used. This section must be completed by your financial institution.**

Bank name _____ Branch _____

Street Address _____

City, State Zip+4 _____ Phone _____

Transit/Routing Number _____ Account Number _____

Bank Representative Name _____ Signature _____

(Signature)

(Print name)

(Social Security Number)

(Date signed)

For office use only

ABA NO _____

ACCT _____

ENTRD _____

All information provided on this form will be kept completely confidential.