

IBEW Local 294 Vacation Account

Direct Deposit ACH Credit Authorization Form

I (we) hereby authorize the IBEW 294 Vacation Account to initiate credit entries to my (Our)

Select One: _____ **Checking Account** _____ **Savings Account**

indicated below at the depository financial institution named below, hereinafter called “**Depository**” and to 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 U.S. law.

Name of Financial Institution _____

Branch _____

Phone Number of Financial Institution _____

Type of Account: _____ Checking Account (attach a voided check) _____ Savings Account

Account Number: _____

Routing Number _____

(For checking accounts this is the 9 digit number located on the bottom of the check. Call your financial institution to get the routing number for savings accounts. Do not use the deposit ticket numbers.)

Participant Name (print name) _____

Social Security Number _____

Home Phone Number _____

Participant Signature _____

Date _____

**This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it.

Return this completed form (include a voided check, for checking deposits) to:

**IBEW Local 294 Vacation Account
2002 London Road, Suite 300
Duluth, MN 55812**