

SHEET METAL WORKERS 292
VACATION DIRECT DEPOSIT FORM
PO BOX 189
TROY MI 48099-0189
(888) 646-6565 OR (248)641-4992

Name of Payee _____ Social Security No. _____

Address _____

City _____ State _____ Zip _____

Telephone No. _____ Birth Date _____

FINANCIAL INSTITUTION INFORMATION:

Please contact your Financial Institution to obtain the following on your savings or checking account. If you direct your vacation deduction into a checking account you may attach a copy of a voided check.

Name of Financial Institution _____

Does your Financial Institution accept "Automated Clearing House" transactions? Yes No

Bank Routing No. _____ Account No. _____

Type of Account Checking/Share draft Savings

Phone No. _____ Address _____

City _____ State _____ Zip _____

I, the undersigned, hereby authorize the Fund Office to deposit all vacation deduction amounts due me into my account at the Financial Institution named above. This authorization shall remain in force until I revoke it in writing or until the Fund Office's receipt of my death, whichever occurs first. The undersigned authorizes the above named Financial Institution to return directly from my account to the Fund Office any amounts erroneously deposited therein.

Signature of Payee

Date

Additional Signature (If joint account BOTH persons must sign this authorization)

Date

RETURN FORM TO:
Sheet Metal 292 Vacation Department
700 Tower Drive, Suite 300
Troy MI 48098