

**Authorization Agreement  
For Direct Deposit of Retiree Credit Reimbursement**

Electrical Construction Industry Health and Welfare Plan/ Prefunding Group

I hereby authorize the Electrical Construction Industry Health and Welfare Plan to directly deposit my Prefunding Retiree Credit into my account at the bank designated below.

Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

For Deposit To:  Checking \_\_\_\_\_

Bank Routing Number      Account Number  
***PLEASE ATTACH A VOIDED CHECK***

Savings \_\_\_\_\_

Bank Routing Number      Account Number  
***PLEASE ATTACH A DEPOSIT SLIP***

To correct any overpayments credited to my account during or after my lifetime, I hereby authorize the bank designated to debit my account and to refund any such overpayment to the Electrical Construction Industry Health and Welfare Plan.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date