

**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