

Heat & Frost Insulators and Allied Workers
Local 47 Vacation Fund
Payee Deposit Agreement

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Telephone #: _____

Bank Information

If you wish to direct your vacation benefits into an account you must simply attach a copy of a voided check or complete the following bank information. If you wish to direct your vacation benefits into a savings account you **must** complete the following bank information.

Name of Financial Institution: _____

Type of Account: _____ Checking Account _____ Savings Account

Please Check one of the Above

Account #: _____ Routing #: _____

Branch: _____ Street Address: _____

City: _____ State: _____ Zip: _____

I, the undersigned, hereby authorize the Vacation Fund, to deposit all amount due to me from the Vacation Fund in my account at the financial institution named above. This authorization shall remain in force until I revoke it in writing or until the Vacation Fund's receipt of notice of my death, whichever occurs first. I also authorize the above named bank to return directly from my account to the Vacation Fund any amounts erroneously deposited in my account.

Signature

Date: _____

Please return completed form to: Heat & Frost Insulators and Allied Workers Local 47
Attn: Sarah Shoemaker/Vacation Fund
6525 Centurion Drive
Lansing, MI 48917