

KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND
1996 Bypass South
Lawrenceburg, KY 40342

Telephone: (502) 839-8166

Fax: (502) 839-3558

TERMINATION NOTICE FOR DIRECT PAYMENTS (ACH DEBITS)

[TERMINATION OF DIRECT PAYMENT OF RETIREE SELF PAYMENT]

I hereby authorize the Kentucky Laborers District Council Health and Welfare Fund, hereinafter called **AFund**, to **TERMINATE DEBIT ENTRIES** [Direct Payment] made to my:

Please check / one: **Checking Account**
 Savings Account

The **EFFECTIVE DATE** for the **TERMINATION OF DEBIT ENTRIES** [Direct Payment] made to my account will be as of the following Eligibility Month:

| | |
|---------------|--------------|
| MONTH: | YEAR: |
|---------------|--------------|

The name of the bank and the account number from which I am currently having my Retiree Self Payments debited is as follows:

| | |
|-------------------|-------------------|
| BANK NAME: | ACCOUNT #: |
|-------------------|-------------------|

I hereby authorize termination of debit entries [Direct Payment] made to my bank account and confirm that all information given on this form to be true and correct to the best of my knowledge.

| SIGNATURE | SOCIAL SECURITY # | DATE SIGNED |
|------------------|--------------------------|--------------------|
| | | |