

KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND

1996 Bypass South
Lawrenceburg, KY 40342

Telephone: (502) 839-8166

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AUTHORIZATION FOR DIRECT PAYMENTS (ACH DEBITS) [DIRECT DEPOSIT FOR RETIREE SELF PAYMENT]

I (we) hereby authorize Kentucky Laborers District Council Health & Welfare Fund, hereinafter called FUND, to initiate debit entries to my (our) **[please check one: Checking or Savings]** indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that origination of ACH transactions to my (our) account must comply with the provisions of U. S. law.

DEPOSITORY NAME: (Name of Member's Bank)	
BRANCH: (Name of Member's Bank Branch)	
DEPOSITORY ADDRESS: (Address of Member's Bank)	Street Address: _____ City: _____ State: _____ Zip: _____
TRANSIT/ABA #: (Routing # on Left Side of Member's Check) *	
ACCOUNT #: (Member's Account Number)	
MONTH/YEAR FOR FIRST DEBIT:	MONTH: _____ YEAR: _____

RETIREE'S NAME:	DO YOU WISH TO HAVE MONTHLY RETIREE PAYMENT DEBITED? (check one)	MONTHLY RETIREE PAYMENT AMOUNT TO BE DEBITED:
LAST: _____ FIRST: _____ M.I.: _____	YES _____ NO _____	\$ _____
SPOUSE'S NAME:	DO YOU WISH TO HAVE MONTHLY RETIREE PAYMENT DEBITED? (check one)	MONTHLY RETIREE PAYMENT AMOUNT TO BE DEBITED:
LAST: _____ FIRST: _____ M.I.: _____	YES _____ NO _____	\$ _____

***PLEASE SEND A VOIDED DEPOSIT SLIP FROM YOUR BANK ACCOUNT TO BE DEBITED FOR SELF PAYMENT TO INSURE THAT FUND HAS CORRECT ACCOUNT AND ROUTING NUMBERS.**

This authority is to remain in full force and effect until FUND has received written notification from me (or either of us) of its termination in such time and in such manner as to afford FUND and DEPOSITORY a reasonable opportunity to act on it.

RETIREE'S SIGNATURE	RETIREE'S SSN	DATE SIGNED
RETIREE SPOUSE'S SIGNATURE	SPOUSE'S SSN	DATE SIGNED