

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 "Fund", 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:
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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 #:
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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