

# AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

COMPANY NAME: S.M.W.I.A. Local Union No. 28 Pension Fund

COMPANY ID NO. 11-2480671

195 MINEOLA BOULEVARD • MINEOLA, NY 11501 • Tel. No. 516-742-9478 • Fax No. 516-742-0151

I hereby authorize **S.M.W.I.A. Local Union No. 28 Pension Fund** hereinafter called COMPANY, to initiate credit Entries and to initiate, if necessary, debit Entries and adjustments for any credit Entries in error to my account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME (Bank's Name): \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ BRANCH \_\_\_\_\_

TRANSIT/ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

**Check One:**       **Checking**                       **Savings**

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

Name \_\_\_\_\_ Last Four Digits of SS# XXX-XX- \_\_\_\_\_  
(Please Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number: (      ) \_\_\_\_\_

Please submit a copy of a void check or your savings account statement.

### Sample Check

JOHN DOE JANE DOE 123 Elm Street Home Town, XX 99818	55-999/299	1045  _____ 20 ____
PAY TO THE ORDER OF _____		\$ _____  _____ Dollars
Bank's Name _____		
For _____		
09990999	"23" "45678 9"	1045

Transit Routing/   ABA Number   (9 Digit)	Account Number	Check   Number
---	----------------	-------------------