Michigan Laborers' Vacation Fund

Physical Address: 6452 Millennium Dr, Suite 100, Lansing, MI 48917-7881 Phone: 1 (877) 645-2267 (MI-LABOR) • Fax: (517) 689-6016

Administered by Welfare & Pension Administration Service, Inc.

ELECTRONIC VACATION FUND TRANSFER ENROLMENT FORM

I hereby authorize the Michigan Laborers' Vacation Fund to make deposits to my bank account. This authorization is to remain in full force and effect until the Administration Office receives written notice from me instructing them otherwise or until the Administration Office's receipt of notice of my death, whichever occurs first. I also authorize the below named bank to return directly from my account to the Vacation Fund any amounts erroneously deposited in my account. I understand that it can take up to (30) thirty days to make bank and/or account number changes or to discontinue my electronic deposit.

Name	Local Union No
Social Security No	Date of Birth
Home Address	
Home Phone ()	Cell Phone ()
<u>De</u>	esignated Vacation Bank Account
Name of Financial Institution	
Financial Institution Branch Address	
Financial Institution Customer Service Telepho	ne Number ()
Financial Institution Account Number	
Financial Institution ABA Routing Number	
PLEASE ATTACH *VOIDED CHECKS OR SAVINGS DEPOSIT ENSURE	I A VOIDED CHECK OR SAVINGS DEPOSIT SLIP SLIPS ARE NOT REQUIRED BUT HIGHLY RECOMMENDED IN ORDER TO ACCURATE ACCOUNT INFORMATION*
This designated Vacation Bank Account:	Account Type:
☐ IS a Joint Account ☐ IS <u>NOT</u> a Joint A	ccount Checking Savings
If this designated Vacation Bank Account is a receive any information available on this account	Joint Account, the following persons are Joint Account holders and entitled to nt from the Trust Office.
Name	Social Security No
Name	Social Security No
MEMBER'S SIGNATURE	
MEMBER'S PRINTED NAME	
DATE SIGNED	
For additional information regarding your	penefits, please visit our website at <u>www.milaborersfund.com</u> .
For office use: Date entered_	Processor's initials