

# Michigan Laborers' Vacation Fund

Physical Address: 7525 SE 24th Street, Suite 200, Mercer Island, WA 98040 • Mailing Address: PO Box 34203, Seattle, WA 98124  
Phone: (833) 389-0025 • Fax: (206) 505-9727

Administered by  
Welfare & Pension Administration Service, Inc.

## ELECTRONIC VACATION FUND TRANSFER DECLINATION FORM

I hereby **revoke** prior authorization of the Michigan Laborers' Vacation Fund to make deposits to my bank account. I understand that by discontinuing electronic deposit of vacation funds I will hereafter be issued a paper check, subject to loss or delivery delay through the United States Postal Service. I also understand that there is no mechanism for making a substitute payment other than having a replacement check issued by the Administration Office, which is subject to a 10-day waiting period from issuance of first check. 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 \_\_\_\_\_

Last 4 Digits of Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Direct deposit declinations must be signed and dated for changes to take effect. This form may be returned by mail to: **PO Box 34203, Seattle, WA 98124** or by email to: [vacation@wpas-inc.com](mailto:vacation@wpas-inc.com).

MEMBER'S SIGNATURE \_\_\_\_\_

MEMBER'S PRINTED NAME \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

For additional information regarding your benefits, please visit our website at [www.milaborersfund.com](http://www.milaborersfund.com).

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For office use: Date entered \_\_\_\_\_ Processor's initials \_\_\_\_\_