

Michigan Laborers' Vacation Fund

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Administered by
Welfare & Pension Administration Service, Inc.

ELECTRONIC VACATION FUND TRANSFER ENROLLMENT 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 (____) _____

Designated Vacation Bank Account

Name of Financial Institution _____

Financial Institution Branch Address _____

Financial Institution Customer Service Telephone Number (____) _____

Financial Institution Account Number _____

Financial Institution ABA Routing Number _____

PLEASE ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP

VOIDED CHECKS OR SAVINGS DEPOSIT SLIPS ARE NOT REQUIRED BUT HIGHLY RECOMMENDED IN ORDER TO ENSURE ACCURATE ACCOUNT INFORMATION

This designated Vacation Bank Account:

Account Type:

IS a Joint Account IS NOT a Joint Account

Checking Savings

If this designated Vacation Bank Account is a Joint Account, the following persons are Joint Account holders and entitled to receive any information available on this account 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 benefits, please visit our website at www.milaborersfund.com.

For office use: Date entered _____ Processor's initials _____