

Health and Welfare Direct Deposit Enrollment Form

TEWF, P.O. BOX 60408, ROSSFORD, OH 43460

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benefits@electricalfunds.org

To enroll in Direct Deposit, simply fill out this form and submit to the Funds Office. Attach a blank voided check with this form – not a deposit slip. If you do not have checks or are depositing to a savings account, ask your bank to print out the Routing/Transit Number with your account number information on bank letterhead. This will help ensure that you are paid correctly. **We will not process this form without written documentation of your account number and bank routing number from your bank OR a blank VOIDED check.**

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.

Memo _____

|: 012345678| 123456789" 0101

Routing / Transit #
(A 9-digit number always between these two marks)

Checking Account #

Check #
(this number matches the number in the upper right corner of the check—not needed for)

IMPORTANT! Please read and sign before completing form in its entirety and submitting.

I hereby authorize the Toledo Electrical Welfare Fund Office (hereinafter, the "Fund") to deposit any amounts owed to me there under by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this Form. Further, I authorize the Bank to accept and to credit any credit entries indicated by the Fund to my account. In the event the Fund deposits monies erroneously into my account, I authorize the Fund to debit my account to correct any such error.

This authorization is to remain in full force and effect until the Fund and Bank have received written notice from me of its termination in such time and in such manner as to afford the Fund and Bank reasonable opportunity to act on it.

Member Information

Participant Name: _____ Last four of Social Security #: _____
(Please Print)

Bank Name/City/State: _____

Routing Transit #: _____ Account Number: _____

Account Type (Check Only One): Checking Savings

Account Information will be used for: VEBA / SFBF ERP DISABILITY

Participant Signature: _____ Date: ____ / ____ / ____

For Fund Use Only:
Date Entered into ISSI: ____ / ____ / ____
Employee Initials: _____

2400

91-548/1221

ATTACH VOIDED CHECK HERE

PAY TO THE ORDER OF _____ \$ _____ DOLLARS

FOR _____