

**AUTHORIZATION AGREEMENT FOR
DIRECT DEPOSIT (WIRE TRANSFER) OF VACATION BENEFIT**

I hereby authorize the Local 580 Vacation Fund to electronically transfer my annual vacation benefit directly to the bank account identified below.

I understand that no endorsement of individual checks or further authorization on my part will be necessary. I hold the Local 580 Vacation Fund harmless for any loss I might sustain as a result of having my annual vacation benefit electronically transferred to my bank account, including but not limited to any loss resulting from the bank's failure to properly credit said benefit amount to my account.

I have authorized the bank named below, if required by said bank, to accept any vacation benefit transfers made on my behalf by the Local 580 Vacation Fund.

I understand that it is my responsibility to notify the Local 580 Fund Office of any changes in my banking information if I wish to receive my benefit in a bank account other than the one identified below. I also understand that I will receive my annual vacation benefit via the bank account identified below every year that I receive a benefit, unless and until I notify the Local 580 Fund Office with updated direct deposit information or request a return to receiving physical checks.

This arrangement may be unilaterally terminated by me or the Local 580 Vacation Fund at any time upon notice to the other party.

BANK NAME: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

ACCOUNT#: _____ ACCOUNT TYPE: _____
(savings or checking)

A.B.A. (ROUTING)#: _____

NAME: _____

SIGNATURE: _____ DATE: _____

SOCIAL SECURITY #: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

PHONE NUMBER: _____