

MILLWRIGHTS LOCAL 1102

Payee Deposit Agreement

Name of Payee: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security No.: _____ Telephone No.: _____

Bank Information

If you are a member of Millwrights Local 1102 and wish to direct your Vacation benefits into a checking account, you may simply attach a copy of a voided check or complete the following information. If you direct your vacation benefits into a savings account, you must complete the following bank information:

Name of Bank: _____

Type of Account (check one): Checking Account Savings Account

Please check one of the above

Account No.: _____ ABA (Routing) No.: _____

Branch: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

I, the undersigned, hereby authorize the Board of Trustees of the Millwrights Local 1102 Vacation Fund ("Vacation Fund"), to deposit all amounts due to me under the Vacation Fund in my account at the bank named above. This authorization shall remain in force until I revoke it in writing or until the Vacation Fund's receipt of notice of my death, whichever occurs first. I also authorize the above named bank to return directly from my account to the Vacation Fund any amounts erroneously deposited in my account.

Signature

Date:

Witness

Date:

**Please return completed form to: Millwrights Local 1102
Attn: Vacation Fund
6525 Centurion Drive
Lansing, MI 48917-9275
PHONE: 517-321-7502
FAX: 517-321-7508**