



CALIFORNIA FIELD IRONWORKERS TRUST FUNDS

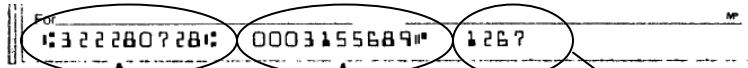
Pension Trust • Welfare Plan • Vacation Trust
Apprenticeship Training & Journeyman
Retraining Fund • Annuity Trust

ELECTRONIC DEPOSIT AUTHORIZATION

If you would like your vacation check automatically deposited to your bank account, please READ and COMPLETE all portions of this form and return to the Vacation Trust Fund.

FOR CHECKING ACCOUNT DEPOSITS

Attach a *voided* check - **not a deposit slip**. Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



Routing/Transit Number
9-digit number always between these two marks

Checking Account Number

Check Number
This number matches the number in the upper right corner of the check. Not required with authorization.

If depositing to a savings account, ask your financial institution to give you the Routing/Transit number for your account. Do not rely on the number on a savings deposit slip; the information may not be the same.

Important! Please read and sign before completing and submitting –

This request is made under the following conditions: The financial Institution will receive and receipt to the payee such monies. If, because of the lack of knowledge of my death, any payments are made by you which represent payment for amounts accrued subsequent to my death, I authorize and direct the financial institution to correct and cancel the erroneous credits of such monies to my account and refund the amount to you, as being payments made under a mistake of fact. I request until further written notice that California Field Iron Worker Vacation Trust deposit each pay period, my vacation check under the California Field Iron Worker Vacation Trust account in the financial institution named below.

Printed Name: _____ Last 4 digits of Social Security No. XXX-XX-_____

Signature: _____ Date: _____

Account Information:

Checking (*Voided check attached*) Savings (*Verify Routing/Transit with financial institution*)

Account No: _____ Routing/Transit No. _____

Financial Institution Name: _____ Branch: _____

Financial Institution Address: _____ City/State/ Zip: _____