INTERNATIONAL BROTHERHOOD OF BOILERMAKERS
GREAT LAKES & OHIO VALLEY RETIREE WELFARE FUND
DIRECT CREDIT AUTHORIZATION AGREEMENT

I (we) hereby authorize the International Brotherhood of Boilermakers Great Lakes Region Retiree Welfare Fund to deposit into my Financial Institution for my reimbursement of Self-Payments to the Account identified below. This authority will remain in effect until The Fund has received, my (our) written notification that I (we) have terminated this authorization or until the Fund has mailed to me, written notice of termination of this agreement. I agree and understand that the amount of my Account Credit will change automatically if my (our) self-payment reimbursement rate(s) changes at any time.

CONTACT INFORMATION

Name(s) on Account: _____

Daytime Phone #: (___) _____ Other Phone #: (____) _____

Address: _____

_____

Member ID No.: _____

Member Signature: _____ Date: _____

REQUIRED FINANCIAL INSTITUTION INFORMATION

(A Voided Check must accompany this form or if a saving account, a letter from the bank, a deposit slip is not acceptable)

Name of Financial Institution: _____

Account Type (select one): Checking ☐ _____ Savings ☐ _____

Account Number: _____

Transit Routing Number: _____

(This number is located in the lower left corner of your check)

PLEASE NOTE: COMPLETED FORMS MUST BE RECEIVED BY THE FUND OFFICE WITH ENOUGH TIME TO SET UP THE ACH. PAYMENTS WILL BE CREDIT INTO YOUR ACCOUNT THEREAFTER AS THE REIMBURSEMENT REQUESTS COME IN.

PLEASE RETURN YOUR COMPLETED FORM WITH A VOIDED CHECK (CAN BE A COPY) OR LETTER FROM THE BANK (NO DEPOSIT SLIPS) TO THE ADDRESS LISTED BELOW:

International Brotherhood of Boilermakers Great Lakes & Ohio Valley Retiree Welfare Fund
6525 Centurion Drive
Lansing, Michigan 48917-9275

FOR OFFICE USE ONLY

Credit Effective Date: _____ Credit Amount: $ _____

For questions, contact the Customer Service Department of the
International Brotherhood of Boilermakers Great Lakes & Ohio Valley Retiree Welfare Fund
(517) 321-7502