AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (Direct Deposit)

TO: NECA-IBEW WELFARE TRUST FUND

2120 Hubbard Ave. Decatur, Il 62526

Phone: 800-765-4239 or 217-875-0254

Fax: 217-875-4651

I (we) hereby authorize NECA-IBEW Welfare Trust Fund, thereafter called the Fund, to initiate deposit entries to my (our) account indicated below. The depository named below, hereinafter called DEPOSITORY credit the same to account.

DEPOSITORY (Ban	k Name & Address)	
NAME:		
PHONE:		
TRANSIT/ROUTIN	G #:	
	SAVINGS	CHECKING
This authority is to re (or us) of its terminat		fect until the Fund serves written notification to me
PARTICIPANT'S N	AME:	
SOCIAL SECURITY	<i>(</i> #:	
DATE: <u>//</u>	SIGNED:	(Participant)
	ADDRESS:	<u>-</u>
DATE: <u>//</u>		
		(Spouse, if Applicable)