

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH)
CREDITS/DEBITS FOR RETIREE PLAN PAYMENTS TO
NECA-IBEW WELFARE TRUST FUND

BUSINESS NAME: NECA-IBEW WELFARE TRUST FUND BUSINESS ID. #37-0738564

I hereby authorize Busey Bank of Decatur, Illinois, to monthly charge my account at the institution listed below (bank, savings & loan, credit union etc.) For the monthly Retiree Plan premiums as indicated by NECA-IBEW Welfare Trust Fund. Busey Bank may also correct any wrong amounts by reversing them from my account.

Bank Name: _____
(bank, savings & loan,
credit union, etc.)

Bank Address: _____

Bank Routing #: _____ Your account #: _____
(The routing number is usually the first 9 numbers on the bottom left of your check)

Type of account (please circle one) Checking Savings
(Please attach a voided check or savings withdrawal ticket from your account to this form.)

This authority is to remain in force and effect until Busey Bank has received written notification from the NECA-IBEW Welfare Trust Fund of its termination in such time and in such manner as to afford Busey Bank and my bank/savings & loan/credit union a reasonable opportunity to act on it.

PRINT NAME: _____ SS#: _____

DATE: ____/____/____ SIGNED: X _____

-----DO NOT WRITE BELOW THIS LINE-----

FOR NECA IBEW FUND OFFICE USE ONLY

EFFECTIVE DATE OF FIRST PAYMENT BY ACH: _____
(WORK PERIOD _____ ELIGIBILITY FOR _____)

AMOUNT OF MONTHLY PAYMENT: _____

9 CHANGE IN BANK

DATE: _____

SIGNATURE: _____