

# Southern California Pipe Trades Vacation & Holiday Fund

501 Shatto Place, 5<sup>th</sup> Floor • Los Angeles, CA 90020 • (800) 595-7473 • FAX: (213) 385-2767

## MONTHLY BENEFIT ELECTION AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

I hereby authorize the Southern California Pipe Trades Vacation & Holiday Fund (the "Fund") to transfer the balance of my account in the Fund each month to my bank account indicated below.

If any payment is deposited to the account, and if I am not entitled to such payment for any reason, I hereby authorize the Fund to direct debit my account and direct the financial institution to refund to the Fund the amount of any such payment.

To insure my deposits will be properly credited I authorize the financial institution indicated to confirm to the Fund the accuracy of the specific financial institution and account information supplied below.

Name of Financial Institution (bank, credit union, etc.)	Transit/ABA/Routing Number
Account Number	Type of Account (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Your Phone Number	Social Security Number (only last four digits are required)

I understand that:

1. This authorization will remain in effect until the Fund has received written notification from me of its termination (whereupon I will revert to receiving bi-annual benefits under the normal rules of the Plan). The deadline for such notice is the 20<sup>th</sup> of the month before the month of payment.
2. The fee for this Monthly Benefit option will be \$0.13 per hour distributed, which will be deducted at the time of distribution. The Trustees may change the fee as needed.
3. Participants who choose the Monthly Benefit option will have no interim withdrawal option during any year in which a monthly payment is made.
4. Participants may switch between the Normal Benefit option and the Monthly Benefit option at any time.
5. I must be the owner or a co-owner of the bank account listed above. No Monthly Benefit payments will be made via check, or to any party other than me.
6. I must attach a voided check (or deposit slip in the case of a savings account), or this Election form will be rejected.
7. This form and attachment must be received by the Trust Fund Office by the 20th day of the month in order for a direct deposit to be made for the following monthly distribution.
8. The Trust Fund Office will initiate a direct deposit to the account on or about the fifth business day of each month. The amount deposited will be the balance of my Vacation and Holiday Account, less the \$0.13 per hour administrative fee and authorized PAC contributions.
9. The account must be open and capable of receiving deposits at the time of the direct deposit. If not, the funds will be returned to the Trust and will be unavailable to the Participant until the earlier of (i) the next Normal Benefit payment date (December or April), or (ii) the fifth business day of the month following the receipt by the Trust Fund Office of new application and voided check or deposit slip for a valid account.

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name  
(must be name of account holder)

\_\_\_\_\_  
Date

**Please verify bank account data.  
You must attach a voided check (or deposit slip for a savings account).**