

South Central Minnesota Electrical Workers' Vacation and Holiday Plan

DIRECT DEPOSIT AUTHORIZATION

Participant's Authorization – Please fill out and return to the Fund Office

I authorize you and the financial institution below to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my:

Checking Account

Savings Account

This authority will remain in effect until I have cancelled it in writing.

Name (Please Print) _____

Social Security Number _____

Home or Cell Phone Number (please circle) _____

Financial Institution _____ Branch _____

City _____ State _____

Phone Number of Financial Institution _____

Transit Routing Number (ABA)

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Account Number _____

Participant's Signature _____ Date _____

Return to:

Wilson-McShane
1330 Conway St., Suite 130
St. Paul, MN 55106
Fax (651) 776-9973

Staple Voided Check Here →