MICHIGAN TROWEL TRADES HEALTH & WELFARE FUND <u>DIRECT DEBIT AUTHORIZATION AGREEMENT</u>

I (we) hereby authorize the Michigan Trowel Trades Health & Welfare Fund to instruct my Financial Institution to make monthly Retiree Self-Payments to the Fund from the Account identified below on or around the 25th of each calendar month. This authority will remain in effect until The Fund has received, by the 15th of the month, 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 Debit will change automatically if my (our) self-payment rate changes at any time.

CONTACT INFORMATION

Name(s) on Account:			
Daytime Phone #: ()	Other Phone #: ()		
Other Address:			
Member ID No.:			
Member Signature:	Date:		
Alternate Signature if Joint Account*:	Date:		
*If more than one name appears on the account to be debited, both parties must sign the authorization form.			
REQUIRED FINANCIAL INSTITUTION INFORMATION			
(A Voided Check or Savings Deposit Slip must accompany this form)			
Nome of Einen siel Institution.			
A second Type (select angly Checking	Savings		
Account Type (select one): Checking	Savings		
Transit Douting Number:			
Transit Routing Number:(This number is located in the lower left corner of your check)			
(This number is located in the lower left corner of your	check)		
<u>PLEASE NOTE:</u> COMPLETED FORMS MUST BE RECEIVED BY THE FUND OFFICE NO LATER THAN THE 20 TH OF EACH MONTH. PAYMENTS WILL BE DEDUCTED FROM YOUR ACCOUNT THEREAFTER ON OR THE LAST BUSINESS DAY THAT FALLS ON OR PRECEEDS THE 25 TH OF			
		EACH MONTH.	
PLEASE RETURN YOUR COMPLETED FORM <u>WITH</u> A VOIDED CHECK OR SAVINGS DEPOSIT TICKET TO THE ADDRESS LISTED BELOW:			
TICKET TO THE AD	DRESS LISTED BELOW:		
Michigan Trowel Trades Health & Welfare Fund			
6525 Centurion Drive			
Lansing, Michigan 48917-9275			
FOR OFFICE USE ONLY			
Debit Effective Date:	Debit Amount: \$		