

IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY BENEFIT TRUST

Automatic ACH Payment Authorization Form

Sign and complete this form to authorize Iron Workers District Council of Southern Ohio and Vicinity Benefit Trust to debit your checking or savings account. By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated effective date.

Request Type: Add One-Time Authorization **OR** Add Recurring Authorization
 Cancel Authorization Change Authorization

Effective date: _____

Participant Full Name (print): _____

Social Security Number: _____

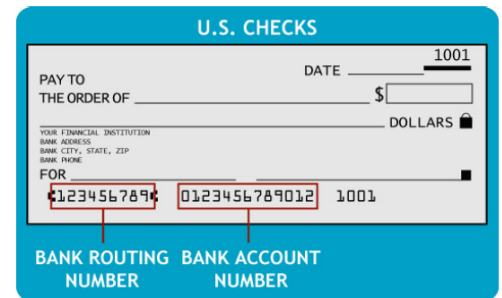
Bank Name: _____

Account Type: Checking Savings

ABA Routing Transit Number: _____

Bank Account Number: _____

Person's First and Last Name on Bank Account (if different): _____



I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted effective date. In the case of the payment being rejected for Non-Sufficient Funds (NSF) I agree to an additional \$30.00 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Iron Workers District Council of Southern Ohio & Vicinity Benefit Trust office in writing of any changes in my account information or termination of this authorization at least 10 days prior to the next billing date. If the premium cost changes for any reason, this authorization will be automatically amended to authorize the debit of the amount equal to the new required premium payment. I understand that automatic debits will automatically cease if my coverage ends, is terminated, or my automatic debit rejects for insufficient funds.

Signature

Date

Mail or Fax this form to:
Iron Workers Benefit Trust
1470 Worldwide Place
Vandalia, OH 45377-1156
Fax Number: 937-454-5457