

**INTERNATIONAL UNION OF OPERATING ENGINEERS**

**LOCAL UNIONS 181, 320 & TVA**

**HEALTH AND WELFARE TRUST FUND**

**700 N. ELM STREET**

**P.O. BOX 1179**

**HENDERSON, KENTUCKY 42419-1179**

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**Request to Terminate Authorization Agreement for Direct Payments**  
(ACH DEBITS)

Name of Participant: \_\_\_\_\_ Social Security: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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I hereby request that my Authorization Agreement for Direct Payments be canceled effective immediately, upon receipt of this signed request. I understand that by canceling direct payments, I will have to remit payment to IUOE Local 181 Health & Welfare each month, to maintain my health and welfare benefits.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_