

**OPERATING ENGINEERS LOCAL 181, 320 & TVA
HEALTH AND WELFARE FUND**

P.O. BOX 1179
HENDERSON, KY 42419-1179
(270) 826-6750

**Authorization Agreement for Direct Payments
(ACH DEBITS)**

Name of Participant: _____ Social Security: _____
(Please Print)

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

BANK INFORMATION

I request that my monthly self-payment for healthcare coverage be electronically transferred from my:

Checking Account _____ Savings Account _____

Please only choose one option above.

Attach a voided check from your checking account or a deposit ticket for a savings account.

FINANCIAL INSTITUTION INFORMATION

Bank Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Your Account Number: _____

ABA Number (Bank I.D. Number): _____

YOUR AUTHORIZATION

I hereby authorize the Operating Engineers Locals 181, 320 & TVA Health and Welfare Fund, to initiate debit entries from my account indicated above. If an amount should be debited from my account in error or after my death, I authorize the appropriate credit adjustment to be made to my account.

Participant Signature: _____ Date: _____