



Local 210's Pension Fund

60 Broad Street, 37th Floor, New York, NY 10004
Telephone - 212-308-4200 Fax - 212-308-4545

Authorization Agreement For Automatic Deposits (ACH Credits)

I hereby authorize the Local 210's Pension Fund, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my checking or savings account indicated below at the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

TYPE OF ACCOUNT: Checking, or Savings Account (circle one)

MEMBER'S BANK _____

BANK ADDRESS _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ (9 Digits)
TO BE COMPLETED BY MEMBER'S BANK

MEMBER'S ACCOUNT NO: _____

We certify the accuracy of the above information.

SIGNATURE OF BANK OFFICIAL _____

TELEPHONE NUMBER _____ DATE _____

This authority is to remain in full force and effect until company has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

MEMBER'S NAME _____ SS# _____
(please print)

TELEPHONE NUMBER _____

ADDRESS _____ CITY, ST, ZIP _____
(please print)

SIGNATURE x _____ DATE _____

Please attach voided check for Checking Account deposit.

Please attach copy of Savings Account Deposit Slip for Savings Account deposit.

PLEASE REMEMBER TO KEEP YOUR ADDRESS CURRENT WITH THE FUND OFFICE