

**IBEW Local 347 Electrical Workers
Health and Welfare Fund**

PO Box 26068
Salt Lake City, UT 84126-0068

CompuSys of Utah, Inc.

Toll Free (844) 347-IBEW (4239)
Fax (801)975-1342

SHORT TERM DISABILITY ACH AUTHORIZATION

I (We) do hereby authorize the IBEW Local 347 Electrical Workers Health and Welfare Fund, hereinafter called *Fund*, to initiate credit entries to my (our) checking/savings account at the financial institution named below, hereinafter called *Depository*, and if necessary, to initiate adjustments for any transactions credited/debited in error. This authorization is to remain in full force and effect until the Fund and the Depository have received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Fund and the Depository a reasonable opportunity to act on it.

Depository Name: _____

Address of Depository (City, State & Zip) _____

Depository Routing Number (Look between these symbols 1: :1 on the bottom left of your check):

Checking/Savings Account Number: _____

Participant Name (Please Print): _____

SSN: _____ Phone Number: _____

Signature

Date

Please attach a voided blank check to this form and submit the voided blank check and form to the Fund Office at the address listed at the top of this form.