

ROOFERS & WATERPROOFERS LOCAL 44 DIRECT DEPOSIT AGREEMENT

Name of Payee _____ Social Security No _____

Address _____

City _____ State _____ Zip _____

Telephone No _____

Bank Account Information – Attach a voided check from your account and/or complete the information below. See sample check at the bottom of the page for help completing this section. **PLEASE PRINT CLEARLY.**

Routing No. Account No. _____

Account: Checking Savings

Financial Institution:

Name _____

Address _____ Telephone Number _____

City _____ State _____ Zip _____

I, the undersigned, hereby authorize the Board of Trustees of the Welfare Plans to deposit all amounts due to me under the Welfare Plans in my account at the Financial Institution named above. This authorization shall remain in force until I revoke it in writing or until my death, whichever occurs first. If at any time the Welfare Plans should credit my account for a benefit to which I am not entitled, I authorize and direct the Financial Institution to refund the Welfare Plans.

Payee Signature

Date

Please return form to:

<p>ROOFERS & WATERPROOFERS LOCAL 44 FUND OFFICE 1651 E. 24th Street Cleveland, OH 44114 Phone: 216-771-8220 Fax No: 216-771-1481 Email: benefits@roofers44funds.com</p>
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