

MICHIGAN LABORERS' VACATION FUND
PAYEE DEPOSIT AGREEMENT

Your name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security No.: _____ Telephone No.: _____

Local Union # _____

BANK INFORMATION

If you wish to direct your vacation benefits into a checking account you may simply attach a copy of a voided check or complete the following bank information. If you wish to direct your vacation benefits into a savings account you must complete the following bank information.

Name of Financial Institution: _____

Type of Account: Checking Account Savings Account

Account No.: _____ ABA (Routing) No.: _____

Branch: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

I, the undersigned, hereby authorize the Vacation Fund ("Vacation Fund"), to deposit all amounts due to me from the Vacation Fund in my account at the financial institution named above. This authorization shall remain in force until I revoke it in writing or until the Vacation Fund's receipt of notice of my death, whichever occurs first. I also authorize the above named bank to return directly from my account to the Vacation Fund any amounts erroneously deposited in my account.

Signature

Dated: _____

Witness

Dated: _____

Please return completed form to:

Michigan Laborers' Vacation Fund
6525 Centurion Drive
Lansing, MI 48917-9275