

**I.B.E.W. LOCAL 25 VACATION AND HOLIDAY TRUST FUND
ACH DEPOSIT AUTHORIZATION FORM**

I, _____, hereby elect to receive payment of my benefits from the I.B.E.W. Local 25 Vacation and Holiday Trust Fund (the "VHT") via ACH deposit to the bank account listed below and authorize the VHT to make such deposit. I acknowledge that this election can be withdrawn at any time and will remain in effect unless I notify the Fund office of a withdrawal of authorization or a change in my bank account information.

Print the name of your financial institution

Account Type: ___ Checking ___ Savings

Account No.: _____

Print the address of your financial institution

Bank Routing No.: _ _ _ _ _