

PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33  
HEALTH & WELFARE FUND  
ACH WITHDRAWAL FROM PENSION AUTHORIZATION

I hereby authorize Plumbers & Steamfitters #33 Health & Welfare Fund to automatically deduct my health insurance premiums from my pension check. All future premium rate increases will be automatically adjusted as they occur. The Fund Office is also authorized to initiate corrections, if necessary, to any amount debited in error.

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

Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Effective Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_