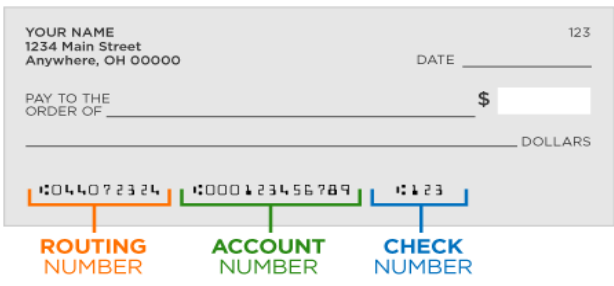




## METAL TRADES VACATION BENEFIT

### METHOD OF PAYMENT AUTHORIZATION FORM FOR EMPLOYER

Note: Complete this form to authorize the method of payment for your Vacation Benefit and return it to your Employer's Human Resources Department. Payment will only be processed if applicant is the account holder on the named bank account named below. Once you authorize direct deposit, this will be the primary method of payment. If any banking information changes or you change Employers, please complete a new Method of Payment Authorization form.

<b><u>PLEASE PRINT</u></b>	
Payee Name: _____ Employee Number: _____ <small style="display: flex; justify-content: space-around; width: 100%;"> <span>Last</span> <span>First</span> <span>MI</span> </small>	
Address: _____ Phone: (____) _____	
City/State/Zip: _____ E-Mail: _____	
Please select one of the following options to authorize the method of payment for your Vacation Benefit:	
<input type="checkbox"/> <b>START</b> – Send current and future Vacation benefits directly to the bank account I have selected below. <input type="checkbox"/> <b>CHANGE</b> – Change my financial institution and/or account number. <input type="checkbox"/> <b>STOP</b> – Discontinue Direct Deposit and mail my Vacation benefit check to the address noted above.	
Type of Account: <input type="checkbox"/> Checking OR <input type="checkbox"/> Savings (If neither is marked, we will deposit to your checking account.)	
<b>Checking Account Information:</b>  Bank Name: _____  Bank Routing #: _____  Account #: _____	<b>Savings Account Information:</b>  Bank Name: _____  Bank Routing #: _____  Account #: _____
 <p style="text-align: center; font-size: small;"> <span style="color: orange;">ROUTING NUMBER</span>     <span style="color: green;">ACCOUNT NUMBER</span>     <span style="color: blue;">CHECK NUMBER</span> </p>	<b>For HR use only:</b> <input type="checkbox"/> MT 1 - .25 <input type="checkbox"/> MT 2 - .50 <input type="checkbox"/> MT 3 - .75  Deduction effective date: _____

I hereby authorize \_\_\_\_\_ (Employer) to initiate deposits to the bank account indicated above. I authorize credit entries and, if necessary, debit entries or adjustments for any credit entries made in error to my account that I am not entitled to. This authority will remain in effect until the Employer receives a Method of Payment Authorization form discontinuing direct deposit.

\_\_\_\_\_

Payee Signature Date