

VACATION FUND DIRECT DEPOSIT AUTHORIZATION

Full Legal Name: _____

Social Security Number: _____

Bank Name/Branch: _____

Bank Address: _____

Account Number: _____
(exactly how it appears on your check)

Routing Number: _____
(number bottom left corner of check preceded by **Ⓜ**)

Type of account: _____
(saving/checking) **Please attach a VOIDED check, if checking.**

The undersigned hereby requests and authorizes the entire amount of my Vacation Fund each month to be debited and/or credited into the bank account named above.

Member Signature

Member Address

Local #

Date

Please return to:
Local Union 52
PO Box 211105
Montgomery, AL 36121-1105
334-272-9500
334-271-1647 fax

YOU HAVE MONEY IN THE LOCAL 52