

NORTHWEST PLUMBING AND PIPEFITTING INDUSTRY HEALTH, WELFARE AND VACATION TRUST

Physical Address 7525 SE 24th Street Suite 200 Mercer Island, WA 98040 • Mailing Address PO Box 34203, Seattle, WA 98124
Phone (866) 417-4240 • Fax (206) 695-0984 • Website www.nwplumberstrust.com

Administered by
Welfare & Pension Administration Service, Inc.

ELECTRONIC VACATION FUND TRANSFER ENROLLMENT FORM

I hereby authorize the Northwest Plumbing and Pipefitting Industry Health, Welfare and Vacation Trust to make deposits to my bank account. This authorization is to remain in full force and effect until the Administration Office receives written notice from me instructing them otherwise. I understand that it can take up to (30) thirty days to make bank and/or account number changes or to discontinue my electronic deposit.

Please print all the information requested clearly to ensure there are no delays in the processing of your vacation payments.

Name _____ SSN _____

Home Address _____

City

State

Zip

U.A. Local # _____ Date of Birth _____ Email Address _____

Home Phone (____) _____ Cell Phone (____) _____

Designated Vacation Bank Account

Name of Financial Institution _____

Financial Institution Branch Address _____

City

State

Zip

Financial Institution Customer Service Telephone Number (____) _____

Financial Institution Account Number _____

Financial Institution ABA Routing Number _____

PLEASE ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP

This designated Vacation Bank Account:

Account Type:

IS A Joint Account IS NOT A Joint Account Checking Savings

If this designated Vacation Bank Account is a Joint Account, the following persons are Joint Account holders and entitled to receive any information available on this account from the Trust Office.

Name _____ SSN: _____

Name _____ SSN: _____

MEMBER'S SIGNATURE _____

MEMBER'S PRINTED NAME _____

DATE SIGNED _____

For additional information regarding your benefits, please visit our website at www.nwplumberstrust.com.

For office use: Date entered _____ Processor's initials _____