

# NW Plumbers & Pipefitters Health Fund

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Administered by

Welfare & Pension Administration Service, Inc.

## ELECTRONIC VACATION FUND TRANSFER ENROLLMENT FORM

I hereby authorize the Northwest Plumbers and Pipefitters Health Fund 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](http://www.nwplumberstrust.com).

For office use: Date entered \_\_\_\_\_ Processor's initials. \_\_\_\_\_