## BOILERMAKER VACATION TRUST

P.O. Box 20757 · Castro Valley, CA 94546-8757 · 1 (800) 833-2682

## **AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

ADD	CHANGE	
(New Participant)	(Financial Institution and/or Account #)	DELETE (Cancel Participation)
I hereby authorize the Boilermaker debit correction or adjustments	Vacation Trust, the "Plan", to initiate credent entries to my account at the Financial	dit entries and if necessary, initiate Institution indicated below.
Depository Financial Institution		SAVINGS Branch
Address		
City	State	Zip Code
TRANSIT ROUTING NUMBER	S ACCOUNT NU	IMBER INFORMATION
This authority is to remain in full force and effect until to nanner as to afford the Company and the Depository In Name (s) - Please Print	the Company has received written notification from me (or eithnstitution a reasonable opportunity to act on it.	ner of us) of its termination in such a time and
ocial Security Number		
Address	City and State	Zip Code
-mail	Cell phone	#
ignature		Date

THIS FORM IS TO BE RETAINED BY THE COMPANY AS A MATTER OF RECORD. PLEASE RETAIN A COPY FOR YOUR RECORDS.