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## Authorization Agreement for Automatic Deposits (ACH Credits)

I hereby authorize the Painters Union Pension Fund to make deposits from time to time in the account identified below at \_\_\_\_\_  
(Depository Financial Institution, hereinafter referred to as DFI) and authorize the DFI to accept these deposits. Adjusting entries to correct errors are also authorized. It is agreed that these deposits and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to the Painters Union Pension Fund.

Name of DFI (bank)	DFI's (bank) Routing & Transit No.	Account No. to Credit		
Your Name		Type of Account Checking <input type="checkbox"/> Savings <input type="checkbox"/>		
Address	City	State	Zip	
Signature	Date	Social Security Number (LAST 4 DIGITS)		
Telephone	<b>-Please Attach Voided Check to this Authorization DO NOT Attach a Deposit Slip</b>			

TO BE RETURNED TO:

**Painters Union Pension Fund**  
26877 Northwestern Hwy. Suite 100  
Southfield, MI 48033