

Direct Deposit Authorization Form

District Council No. 4 Health & Welfare Fund

Applicable for Health Care Accounts (HCAs) and Wage Replacement Accounts (WRAs) with signed forms and all documentation in before Tuesday at 12:30pm

Instructions:

1. Read this form and complete SECTION 1 and SECTION 2
2. Read the terms and conditions on reverse side
3. Mail the completed form with a voided check or letter from your financial institution with your account information to:
District Council No. 4- Trust Funds, 585 Aero Drive, Cheektowaga, NY 14225

TYPE OF TRANSACTION New Change Cancellation

SECTION 1 (Please Print)		
_____	_____	_____
Last Name	First Name	Middle Initial

Street Address		
_____	_____	_____
City	State	Zip Code

Social Security Number / Employee ID		
_____	_____	
Telephone Number	E-mail Address	

SECTION 2 (FINANCIAL INSTITUTION INFORMATION)		

Name of Financial Institution		

Names(s) on Account		

Routing Number / Transit Number (please attached a VOIDED check for verification)		

Account Number	[] Savings	[] Checking

DEPOSITOR / EMPLOYEE CERTIFICATION / CONSENT	
<p>I certify that I have read and understand the terms and conditions set forth on reverse side. By signing this form, I authorize my Health Care Account and/or Wage Replacement Account reimbursements and benefits to be sent to the financial institution named above and to be deposited in the designated bank account. In addition, I consent to the receipt of my payroll stub information through electronic means by accessing my account at www.dc4.org. I understand that I may revoke my authorization and consent hereunder at any time.</p>	
_____	_____
Signature	Date

Names(s) on Account	
JOINT ACCOUNT HOLDER'S CERTIFICATION	
_____	_____
Signature	Date

Direct Deposit services will remain in effect from one Plan Year to

the next until the participant cancels the direct deposit service.

05/2009

TERMS AND CONDITIONS FOR PARTICIPATING IN THE DIRECT DEPOSIT PROGRAM

Applicable for Health Care Accounts (HCAs) and Wage Replacement Accounts (WRAs)

Participants in these benefit programs have the option of having authorized benefits deposited directly into their financial institution checking or savings accounts rather than receiving the payment by check. The following are the terms and conditions for participating in the direct deposit program. You do not have to participate in the direct deposit program to have an HCA or WRA.

1. To take advantage of the direct deposit program, the participant's financial institution must be a member of an Automated Clearing House (ACH).
2. Participants must complete this authorization form to enroll in the direct deposit program. A signed and dated form is required for processing. If participants have a joint bank account, both parties on the bank account must sign the form. Once the Fund receives the form, there may be up to a four (4) week administrative processing period before implementation of the direct deposit program. Participants will receive checks for any reimbursement claims paid during this processing period.
3. The Fund will e-mail participants a notice of a direct deposit each time an electronic transfer is made to the participant's bank account. Participants may access their account on-line at www.dc4.org to view payroll stub, information, if any, on the claim being paid. The standard turnaround time for deposit into the reimbursement account is 48 hours from the time the Fund transmits the reimbursements. Participants should verify that the deposit has been made into the bank account before attempting to withdraw funds.
4. If a claim is denied, you will be contacted by mail.
5. If an electronic transfer is returned to the Fund, or cannot be made to a participant's bank account for any reason, the Fund will investigate the cause and if needed, will issue and mail a reimbursement check to the participant. Until the problem is corrected, the participant will continue to receive reimbursement checks in the mail.
6. It is the participant's responsibility to notify the Fund immediately of any changes in the status of the bank account, such as an account closure or bank account number change. Complete this form indicating the action is a change, and provide the new information. There may be up to a four (4) week processing period before the change is effective. If there is interruption in the direct deposit service, the participant will receive checks for any reimbursement claims paid during that time.
7. Participants may cancel direct deposit at any time by completing this form and checking CANCELLATION. The cancellation will take effect as of the date the participant indicates, or as soon as the form is received and processed by the Fund.
8. The Fund reserves the right to automatically cancel a participant's direct deposit services upon a termination of eligibility under the Fund.
9. Direct deposit services will remain in effect from one plan year to the next until the participant cancels the direct deposit services.

If you have any questions regarding this form, call the Fund Office at (716) 565-0234.