CONSTRUCTION LABORERS VACATION TRUST FOR SOUTHERN CALIFORNIA
Vacation Benefit Direct Deposit/Debit Authorization

Benefit recipient fill in this section:

Recipient's Name: _____ Social Security No: _____ Telephone No: ___ _____

Home Mailing Address: _____
<div align="center">Street</div>

_____/_____/_____
<div align="center">City   State Zip Code</div>

The Construction Laborers Vacation Trust for Southern California (Trust) reserves the right to limit the number of direct deposit changes during the year and to reject those direct deposits which do not process properly. The first transaction for each new direct deposit will be a "Prenote," which is a zero amount transaction sent to test the system. Only after this test has been made will an actual deposit be sent. *Incomplete forms will be rejected*. **Joint accounts require both signatures.**

I (we) authorize the Trust to credit my (our) account. This authorization will remain in effect until the Trust receives written notice from me (or either of us) that it is terminated. I (we) will send the written notice to the Trust at the address below. The Trust may terminate this electronic deposit arrangement by sending me (or either of us) notice ten (10) days before termination. Problems or delays that occur after the funds have entered the electronic banking system are beyond the control of the Trust, and the Trust cannot be held responsible for them.

I (we) authorize the Trust to debit my (our) account to which direct deposits have been made. I (we) understand that debit will only be made in the event that a correction needs to be made to the account (i.e. Incorrect amount was deposited, overpayment to employee, or problem with the account). The maximum debit shall not exceed the amount required to correct the error or overpayment.

Printed Name: _____ Social Security No: _____

Printed Name: _____ Social Security No: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Bank Representative complete this section:

Bank Name: _____ Branch Name: _____

Address: _____ City: _____ State: _____ Zip _____

Bank Phone No: _____

Routing No. (9 digits): ___ ___ ___ ___ ___ ___ ___ ___ ___

Account No: _____

Account Type: ☐ Checking ☐ Savings

Initials of Bank Representative

_____

_____

_____

Return form to: P.O. Box 8025, El Monte, CA 91734 • 1.800.887.5679