

*Northeast District Council of the OPCMIA  
Fringe Benefit Funds*



**Authorization for Direct Deposit of Vacation Check**

I, \_\_\_\_\_, do hereby request and authorize you to send my vacation check to the bank of my choice for crediting in my account as follows:

Name of Bank \_\_\_\_\_

Account No. \_\_\_\_\_

Routing No. \_\_\_\_\_

Name on Acct. \_\_\_\_\_

Signature of Payee \_\_\_\_\_

**Please check what Local you are a member of:**

**Local 780** \_\_\_\_      **Local 262** \_\_\_\_      **Local 40** \_\_\_\_

**Please check account for Direct Deposit:**      **Checking Acct.** \_\_\_\_      **Savings Acct.** \_\_\_\_

Date Signed \_\_\_\_\_

Social Security \_\_\_\_\_

Email address: \_\_\_\_\_

Cell No. \_\_\_\_\_

**\*\* The participant's name MUST be on the account\*\***

**\*\*\* If you elect checking, please attach a voided check to this form\*\*\***

