

INSULATORS LOCAL 30 DIRECT DEPOSIT AUTHORIZATION
FOR VACATION PAY

PO Box 2428
Liverpool, NY 13089
315-424-1809

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY # _____ PHONE _____

NAME OF BANKING INSTITUTION _____

TYPE OF ACCOUNT CHECKING _____ SAVINGS _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

I hereby authorize the Insulators Local 30 to direct deposit monthly vacation monies into the above account.

SIGNED _____ DATE _____