

AUTHORIZATION AGREEMENT FOR AUTOMATED DEPOSIT'S (CREDITS)

Organization: Hollow Metal Pension Fund

- New ACH Enrollment

 Bank/Account Change

 Cancel Rapid Paycard

I hereby authorize the Hollow Metal Pension Fund, called THE PENSION FUND, to initiate credit entries, electronically or by any other commercially accepted method to my:

- Checking Account
 Savings Account
 Rapid! PayCard Debit MasterCard (if selected, please skip bank information and sign below.)

**Please select one of the above.*

I also authorize the depository named below, called MY BANK or rapid! PayCard, to credit the same to such account. If necessary, I authorize THE HOLLOW METAL PENSION FUND to initiate debit entries and adjustments for any credit entries made in error to such account by similar method, and authorize MY BANK or rapid! PayCard to debit those entries. If any portion of the amount cannot be debited, please debit my next pension transfer(s).

Bank Name

Branch Address

City

State

Zip

Branch Phone#

Transit/ABA Number (Routing #)

Account Number

***NOTE: You must submit either a **voided check** with your name imprinted (a copy is acceptable), or your account information on **bank letterhead** to accompany the completed form.**

This authority is to remain in effect until I notify THE PENSION FUND in writing that I wish to terminate it, allowing ninety (90) days to permit The Pension Fund and MY BANK a reasonable opportunity to act on it.

Member's Name (please print)

Social Security Number

Member's Signature

Date

*****Pension Fax# 212-366-7556 *****