



Authorization for Direct Payment for Steelworkers Health and Welfare Fund Contribution

OPEIU Local 45 Members Only

Please print in blue or black ink.

Part 1- MEMBER INFORMATION			
Member Name			
Spouse (optional)		SSN	
Street Address	City	State	Zip
Telephone Number	Email Address (optional)		

Part 2 - BANK INFORMATION	
Name of Bank or Financial Institution	
Name as it appears on checking account	
Account from which you would like your payment to be automatically deducted:	
Please enclose a voided blank check with this authorization	Account Number: _____ Routing Number: _____

Part 3- AUTHORIZATION FOR DIRECT PAYMENT OF CONTRIBUTION	
<p>I hereby authorize the Steelworkers Health and Welfare Fund to initiate an ACH Debit to my account for the contribution required for my health care benefits and authorize the financial institution to charge such withdrawals to my account. This amount may be adjusted to correct any overpayments or underpayments, or to reflect any charges by the financial institution due to insufficient funds in my account. I may discontinue enrollment in this direct payment option at any time by notifying the Fund Office in writing.</p>	
_____ Signature	_____ Date

To begin the automatic debit payment, please forward a copy of this completed form and a voided check to:

OPEIU Local 45
Steelworkers Health and Welfare Fund
 60 Boulevard of the Allies, 5th Floor
 Pittsburgh, PA 15222

Please keep a copy of this authorization for your records. If you wish to terminate this direct payment option please notify the Eligibility Administration office at the above address.