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ELECTRONIC VACATION FUND TRANSFER ENROLLMENT FORM

I hereby authorize the Laborers' Metropolitan Detroit Vacation and Holiday Fund ("Fund") to make deposits to my bank account. This authorization is to remain in full force and effect until the Administration Office receives written notice from me instructing them otherwise or until the Administration Office's receipt of notice of my death, whichever occurs first. I also authorize the below named bank to return directly from my account to the Fund any amounts erroneously deposited in my account. I understand that it can take up to (30) thirty days to make bank and/or account number changes or to discontinue my electronic deposit.

NAME: _____ LOCAL UNION NO.: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

DESIGNATED VACATION BANK ACCOUNT

NAME OF FINANCIAL INSTITUTION: _____

FINANCIAL INSTITUTION BRANCH ADDRESS: _____

FINANCIAL INSTITUTION CUSTOMER SERVICE TELEPHONE NUMBER: _____

BANK ABA ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP

A voided check or deposit slip are not required but are highly recommended to confirm accurate account information.

IS THIS A JOINT ACCOUNT? YES NO ACCOUNT TYPE: CHECKING SAVINGS

If this designated Vacation Bank Account is a Joint Account, the following persons are Joint Account holders and entitled to receive any information on this account from the Trust Office:

NAME: _____ SOCIAL SECURITY NUMBER: _____

NAME: _____ SOCIAL SECURITY NUMBER: _____

PARTICIPANT'S SIGNATURE: _____

PARTICIPANT'S PRINTED NAME: _____ DATE SIGNED: _____

FOR OFFICE USE:

DATE ENTERED: _____ PROCESSOR'S INITIALS: _____