

## VACATION FORM

### Heavy and General Laborers' Funds of New Jersey Local 472 • Local 172 700 Raymond Boulevard • Newark NJ 07105 • Phone: 973-589-5050 • Fax: 973-589-1180

Member Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Union Local #: \_\_\_\_\_ Union Book #: \_\_\_\_\_

## VACATION CHECK PAYOUT OPTIONS

- I would like my vacation check once (1) a year (March)
- I would like my vacation check three (3) times a year (March, August and December)

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DIRECT DEPOSIT FORM (OPTIONAL)

I hereby authorize the Heavy & General Laborers' Funds of New Jersey Local Union 472 and Local Union 172 Vacation Fund to electronically transfer all benefit payments to which I am entitled to the bank or other financial institution named below for direct deposit into my account. I agree that receipt by the bank or financial institution of my benefit payments from the Vacation Fund shall be treated as receipt by me and that neither the Welfare Fund nor its' Trustees shall be responsible or liable in any way for any error or mishandling of the benefit payments by the bank or financial institution.

I have determined that the bank or financial institution named below is willing to accept electronic transfer of benefit payments from the Vacation Fund for deposit into my account.

This authorization shall remain in effect until cancelled by me in writing and received by the Administrator of the Welfare Fund. **ANY CHANGES MUST BE MADE AT LEAST 15 DAYS PRIOR TO CHECKS BEING PRINTED.**

### ***THIS PORTION TO BE COMPLETED BY THE MEMBER:***

Name of Bank or Financial Institution: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank Routing/Transit/ABA Number: \_\_\_\_\_

Account Type: \_\_\_\_\_ Savings Account \_\_\_\_\_ Checking Account

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Fund Representative (If signed at Fund Office)

Sworn to and subscribed before me  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Seal:

\_\_\_\_\_  
Notary Public Signature (If by mail, email or fax)

My Commission Expires \_\_\_\_\_

**\*\* NOTARY NOT REQUIRED IF COPY OF VOID CHECK OR BANK CONFIRMATION LETTER ATTACHED. \*\***