

**OPERATING ENGINEERS LOCAL 139 HEALTH BENEFIT FUND
PO BOX 160
PEWAUKEE WI 53072-0160**

AUTHORIZATION FOR DIRECT PAYMENT

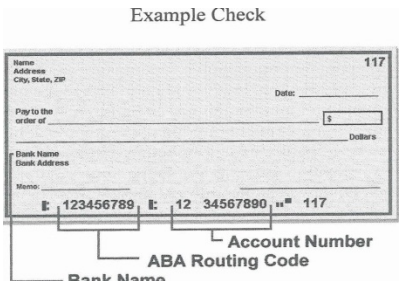
I authorize the Operating Engineers Local 139 Health Benefit Fund and their financial institution to initiate entries to my checking/savings account. This authority will remain in effect until I notify the fund in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can place a stop payment of any entry by notifying my financial institution three (3) days before my account is charged.

Staple a Voided Check Here

(Participant's Name – Please Print) (Social Security Number)

(Address – Please Print)

(Telephone) (Home) (Cell)



Your Routing Number: _____

Your Account Number: _____

Please circle account type: Checking Savings

I authorize these deductions to begin for the coverage month of _____
and I understand that the deduction will be made on the 4th day of each coverage month or
the following business day should the 4th of the coverage month fall on a weekend or holiday.

(Your Signature) (Date)