

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

**AUTHORIZATION FOR DIRECT DEPOSIT
FOR LOSS OF TIME – THIRD PARTY SICK PAY (LOT) PAYMENTS**

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.

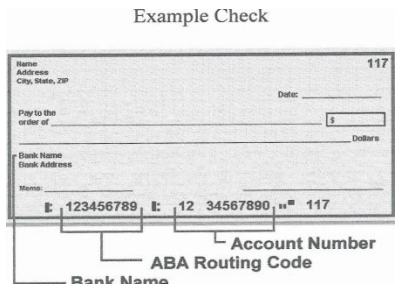
Staple a Voided Check Here

(Name – Please Print) (Social Security Number or OEF)

(Address – Please Print)

(Email)

(Phone)



Your Routing Number: _____

Your Account Number: _____

Please circle account type: Checking Savings

By signing below, I authorize the Operating Engineers Local 139 Health Benefit Fund to deposit my Loss Of Time – Third Party Sick Pay (Lot) Claim Payments to the bank account as listed above. I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize the Operating Engineers Local 139 Health Benefit Fund to make direct deposits into the account named above.

(Signature of member)

(Date)