Michigan Conference of Teamsters Welfare Fund

Serving Teamster families since 1949

UNION TRUSTEES
Paul H. Harrison
Todd W. Lince
Kevin D. Moore
Gregory W. Nowak

2700 Trumbull Avenue, Detroit, Michigan 48216
(313) 964-2400
www.mctwf.org

Executive Director
Kyle R. Stallman

EMPLOYER TRUSTEES
Raymond J. Buratto
Jennifer L. Dymora
Robert W. Jones

Fax: 313-964-3144. Email: RetireeDept@mctwf.org

Dear MCTWF Retirees Plan Participant:

The Michigan Conference of Teamsters Welfare Fund (MCTWF) is pleased to offer Electronic Funds Transfer (EFT) payments for all participants under the MCTWF Retirees Plan. This service enables you to have your monthly self payments automatically deducted from your checking or savings account on your due date. The withdrawal of funds is completely secure and at no cost to you. This will eliminate your need to write checks, pay postage and will also eliminate the possibility of lost payments or mail delivery delays.

This program is completely voluntary. If you would like to enroll, complete the enclosed authorization form and return it to MCTWF. For checking account deductions, be sure to include a voided check from your account to ensure accuracy with bank routing and account numbers. For savings account deduction, you should contact your savings institution to obtain the bank routing number and include it along with your account number on the authorization form.

Upon receipt of the completed form, a pre-notification transmission will occur to verify banking information. Once verified, you will receive a confirmation notice from MCTWF informing you of the date that the withdrawals will commence. Please note, contribution rates are subject to increases and scheduled payments will be automatically withdrawn unless MCTWF is notified in writing, within at least 30 days, to cease the transactions.

If you have any questions concerning this matter, please contact the Member Accounts Unit at (313) 964-2400, extension 310.

Please complete form and email, fax or mail to MCTWF (address above).

Fax: 313-964-3144. Email: RetireeDept@mctwf.org

Sincerely,

Member Accounts Unit
Michigan Conference of Teamsters Welfare Fund

Michigan Conference of Teamsters Welfare Fund

Serving Teamster families since 1949

UNION TRUSTEES
Paul H. Harrison
Todd W. Lince
Kevin D. Moore
Gregory W. Nowak

2700 Trumbull Avenue, Detroit, Michigan 48216
(313) 964-2400
www.mctwf.org

Executive Director
Kyle R. Stallman

EMPLOYER TRUSTEES
Raymond J. Buratto
Jennifer Dymora
Robert W. Jones
Ann R. Zick

Fax: 313-964-3144. Email: RetireeDept@mctwf.org

AUTHORIZATION FOR ELECTRONIC FUNDS WITHDRAWALS (AUTOMATED CLEARING HOUSE DEBITS)

I hereby authorize the Michigan Conference of Teamsters Welfare Fund (MCTWF) to make monthly withdrawals from my checking or savings account identified below. Such withdrawals will be in the amount of my monthly contribution rate required for participation in MCTWF's Retiree Medical Benefit Package. MCTWF is authorized to withdraw a fee of $25.00 for each transaction which fails due to non-sufficient funds (NSF).

Adjusting entries to correct errors are also authorized. It is agreed that such withdrawals and adjustments may be made electronically and under the Rules of the Michigan Automated Clearing House Association.

Financial Institution Account Information:
Please print your account information in the fields provided below. Contact your bank for any information you are unsure of, but each field must be completed. For checking accounts, you must include your VOIDED blank check. For savings accounts, you must include your deposit slip.

	Participant's Name:	**Participant's Social Security Number:**	
Attach blank VOID check or savings account information here.	**Account Name:**	**Authorizing Party's Name:**	
	Authorizing Party's Address (Street and City):	**State:**	**Zip Code:**
	Financial Institution Name:	**Participant's Phone #:**	
	Routing (Transit) #: (note: this must be a nine digit number) ☐☐☐☐☐☐☐☐☐		
	Account #: (note: the number of digits in your account # may be less than those provided below) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐		
	Type of Account: **Please check:** ☐ Checking Account ☐ Savings Account ☐ Money Market Account		

I understand and authorize all of the above as evidenced by my signature below:

AUTHORIZING PARTY'S SIGNATURE _____ DATE _____

Once this form has been processed by MCTWF and your bank information has been verified, you will receive a confirmation notice with a commencement date for automatic withdrawals. Please continue to submit your contribution payment to MCTWF until you receive the confirmation notice. Once confirmed, monthly withdrawals will commence and will continue at the required contribution rate unless MCTWF receives your signed instruction to cease, **at least thirty days prior to the next withdrawal**. You will be notified well in advance of any contribution rate increases. Please fax to (313) 964-3144, email RetireeDept@mctwf.org or return this form to the Michigan Conference of Teamsters Welfare Fund at: 2700 Trumbull Ave., Detroit, MI 48216, Attention: Member Accounts Unit.

08/25