

**MICHIGAN ELECTRICAL EMPLOYEES FRINGE
BENEFIT FUNDS
PAYEE DEPOSIT AGREEMENT**

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security No: _____ Telephone No.: _____

BANK INFORMATION

If you wish to direct your vacation benefits into an account you must simply attach a copy of a voided check or complete the following bank information. If you wish to direct your vacation benefits into a savings account you **must** complete the following bank information.

Name of Financial Institution: _____

Type of Account: Checking Account Savings Account

Please check one of the above

Account No.: _____ ABA No.: _____

Branch: _____ Street Address: _____

City: _____ State: _____ Zip: _____

I, the undersigned, hereby authorize the Vacation Fund, to deposit all amounts due to me from the Vacation Fund in my account at the financial institution named above. This authorization shall remain in force until I revoke it in writing or until the Vacation Fund's receipt of notice of my death, whichever occurs first. I also authorize the above named bank to return directly from my account to the Vacation Fund any amounts erroneously deposited in my account.

Dated: _____

Signature _____

Please return completed form to: Michigan Electrical Employees Vacation Fund
6525 Centurion Drive
Lansing, MI 48917