

**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  
3001 Metro Dr. Suite 500  
Bloomington, MN 55425