## WEEKLY DISABILITY PAYMENTS AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I hereby authorize the PIPELINE INDUSTRY BENEFIT FUND, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below at the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

BANK NAME:				
BANK ADDRESS:				
CITY:	STATE:		ZIP:	
BANK PHONE:				
ROUTING NUMBER:				
ACCOUNT NUMBER:				Checking Savings
This authorization is to remain in such time and in such mann				n notification from me of its termination e opportunity to act on it.
NAME:	SC	OC SEC NUM:		
SIGNATURE:	DA	ATE:		
	ATTACH A COPY OF	A VOIDED PRE	PRINTED CH	HECK HERE:
RETURN THIS FORM TO:				
This form MUST be notarized  1) Check copy attached 2) No check copy is att	if any of the following apply: d has no name on the accour	PO BOX 4709 ULSA, OK 7414	950 7-0950	3-280-4899
		NOTARY PUB	LIC	
State of	)	SS:		
On the day of	, 20, befo	ore me came		and
the above statement(s) and he				ne person(s) described in and who executed ed the same.
(Notary Public	)			My Commission Expires