

**IBEW-NECA**  
**SOUTHWESTERN HEALTH AND BENEFIT FUND**

P O Box 819015  
Dallas, TX 75381-9015

Phone (972) 980-1123  
FAX (972) 341-8097  
Toll Free (800) 527-0320

ACH DEBIT PAYMENTS  
**AUTHORIZATION AGREEMENT**

I HEREBY AUTHORIZE **IBEW-NECA SOUTHWESTERN HEALTH AND BENEFIT FUND** TO INITIATE DEBIT ENTRIES TO MY:  
( ) **CHECKING OR** ( ) **SAVINGS ACCOUNT** (select one) INDICATED BELOW AT THE DEPOSITORY FINANCIAL INSTITUTION  
NAMED BELOW, HEREINAFTER CALLED **DEPOSITORY**, AND TO DEPOSIT THE SAME TO SUCH ACCOUNT.

**DEPOSITORY (BANK) NAME:**

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**DEPOSITORY (BANK) ADDRESS AND ACCOUNT INFORMATION:**

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**CITY**

**STATE**

**ZIP**

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**ROUTING NUMBER**

**ACCOUNT NUMBER**

***PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP TO THIS FORM***

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SIGNATURE

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DATE

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Please notify the Fund Office, in writing, within 10 business days of Address changes.