

**BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2
ALBANY, NY JOINT BENEFIT FUNDS
300 Centre Drive
Albany, New York 12203
(518) 456- 0259 or 1 (800) 664-8314 Fax (518) 456-4431**

HRA & WRA DIRECT DEPOSIT ENROLLMENT / CHANGE FORM

Member Name: _____

SSN: XXX-XX-_____

COMPLETE THE INFORMATION BELOW TO ENROLL OR CHANGE ENROLLMENT IN DIRECT DEPOSIT

Bank Name	Account #	Account Type: (Select One)	Select One:
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	_____ 100% of Check _____ Cancel Direct Deposit

ATTACH ONE OF THE FOLLOWING FOR THE ACCOUNT INDICATED ABOVE.

- Voided copy of a check**
- Deposit slip (only if "ACH/RT" is displayed)**
- Bank letter or specification Sheet signed by a bank representative**

MEMBER AUTHORIZATION STATEMENT

I hereby authorize the Bricklayers and Allied Craftworkers, Local 2 Health Fund to deposit my HRA and WRA checks into the bank account indicated on this form.

MEMBER SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

PROCESSED BY: _____ DATE: _____

REVIEWED BY: _____ DATE: _____