

STEEL RETIREES VOLUNTARY BENEFIT TRUST
4853 Galaxy Parkway, Suite K.
Cleveland, Ohio 44128
1-866-634-9842

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)

I, the undersigned participant in a pre-arranged payment plan, hereby authorize **STEEL RETIREES VOLUNTARY BENEFITS TRUST** (hereinafter called **SRBT**) to initiate debit entries to my account indicated below at the bank or other financial institution named below (hereinafter called **BANK**) to debit the same to such account and send this amount to the Company.

This authority is to remain in full effect until **SRBT** has received written notification from me of its termination in such time and in such manner as to afford **SRBT** or **BANK** a reasonable opportunity to act on it.

PARTICIPANT INFORMATION

NAME(S): _____ BY: _____ DATE: _____
Please type or print Participant's Signature

NAME(S): _____ BY: _____ DATE: _____
Please type or print Spouse's Signature

Last Four Digits of Social Security Number: _____ START DATE: _____

Please check one:

☐

Start

☐

Change

BANK ACCOUNT INFORMATION

(Checking: Attach copy of voided check below; Savings: Attach deposit slip below)

Bank Name: _____ Bank Account #: _____

Bank 9-digit ABA Transit Routing #: _____ [] Checking **OR** [] Savings

Attach
voided
check or
savings
deposit
slip here

Jane M. Doe John P. Doe 2020 Main Street Anywhere, NY 12345-6789	60-142 313	101
SAMPLE CHECK		
PAY TO THE ORDER OF _____ MEMO _____	D RS	
⑆031301422⑆ 4321 98765 ⑆ 101		

Bank 9-digit ABA Transit
Routing Number

Account Number