

**RETIREE HEALTH INSURANCE PREMIUM
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEDUCTION**

I hereby authorize the PIPELINE INDUSTRY BENEFIT FUND, hereinafter call COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account indicated below at the depository named below, hereinafter call 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 full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME:

SOC SEC NUM:

SIGNATURE:

DATE:

ATTACH A COPY OF A VOIDED PREPRINTED CHECK HERE

RETURN THIS FORM TO:

PIPELINE INDUSTRY PENSION FUND FAX 918-280-4899
PO BOX 470950
TULSA, OK 74147-0950