



Authorization for Direct Payment for Steelworkers Health and Welfare Fund Contribution

Please print in blue or black ink.

Part 1- GROUP INFORMATION			
Company or Group Name			
Authorized Representative		Customer Number	
Street Address	City	State	Zip
Telephone Number	Email Address (optional)		

Part 2 - BANK INFORMATION	
Name of Bank or Financial Institution	
Name as it appears on checking account	
Account from which you would like your payment to be automatically deducted: (check one)	
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Statement Savings Account
Please enclose a voided blank check with this authorization	Please provide verification from bank if using the savings account option

Part 3- AUTHORIZATION FOR DIRECT PAYMENT OF CONTRIBUTION	
<p>I hereby authorize the Steelworkers Health and Welfare Fund to initiate an ACH Debit to my account for the contribution required for my health care benefits and authorize the financial institution to charge such withdrawals to my account. This amount may be adjusted to correct any overpayments or underpayments, or to reflect any charges by the financial institution due to insufficient funds in my account. I may discontinue enrollment in this direct payment option at any time by notifying the Fund Office in writing.</p>	
_____ Signature	_____ Date

To begin the automatic debit payment, please forward a copy of this completed form and a voided check to:

Steelworkers Health and Welfare Fund
60 Boulevard of the Allies, Fifth Floor
Pittsburgh, PA 15222

Please keep a copy of this authorization for your records. If you wish to terminate this direct payment option please notify the Eligibility Administration office at the above address.