



Middletown Works Hourly & Salaried  
Union Retirees Health Care Fund  
1201 Crawford Street • Middletown, OH 45044  
PH: (513) 217-4818 • TOLL FREE: (877) 392-9991 • Fax: (513) 672-9622

## Electronic Fund Transfer Authorization

### Participant Information

(Please type or print clearly)

Name: \_\_\_\_\_

Last 4 Social Security Number: xxx-xx-\_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Email Address (optional): \_\_\_\_\_

### Bank Information

Please check **one** of the following:

Checking Account.

**OR**

Savings Account.

Name of Banking Institution: \_\_\_\_\_

City and State: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ (9 numeric digits)

Please include a copy of a Voided check or deposit slip to ensure proper bank account information.

### Authorization

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note: If there are any changes to your bank information in the future, such as bank name, routing number, account number or account type, please notify the Fund Administrative Office at your earliest convenience to prevent disruption in your payments or deductions.