

Boilermaker Vacation Trust

4160 Dublin Blvd., Suite 100 Dublin, California 94568 Tel: (510) 247-9027 or (800)833-2682 Fax: 925-833-7301 Email: bvtinfo@hsba.com

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

ADD	CHANCE	DELETE
ADD (Now Participant)	CHANGE (Financial Institution and (or Assount #)	DELETE (Consol Portionation)
(New Participant)	(Financial Institution and/or Account #)	(Cancel Participation)
I hereby authorize the Boilermaker Vacation Trust, the "Plan", to initiate credit entries and if necessary, initiate debit correction or adjustment entries to my account at the Financial Institution indicated below. CHECKING SAVINGS		
Depository Financial Institution		Branch
Address		
City	State	Zip Code
TRANSIT ROUTING NUMBERS ACCOUNT NUMBER INFORMATION This authority is to remain in full force and effect until the Company has received written notification from me (or either of us) of its termination in such a time and manner as to afford the Company and the Depository Institution a reasonable opportunity to act on it.		
Name (s) - Please Print		
Social Security Number		
Address	City and State	Zip Code
E-mail	Cell phone	e #
Signature	•	Date

THIS FORM IS TO BE RETAINED BY THE COMPANY AS A MATTER OF RECORD. PLEASE RETAIN A COPY FOR YOUR RECORDS.

Please submit with a copy of a voided check with this form
For your convenience, the form can be emailed to bytinfo@hsba.com