

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Participant Name _____

Participant Social Security Number _____

Participant Address _____

Participant City, State, Zip _____

Plan Name: Pipe Trades Industry Health & Welfare Plan

Plan Address: P.O. Box 3040

Plan City, State, Zip: Terre Haute, IN 47803

Plan Federal ID Number: 35-1063466

I (we) hereby authorize Pipe Trades Industry Health & Welfare Plan, (hereinafter referred to as the Plan) to initiate debit entries to the account identified below at _____ (Depository Financial Institution, hereinafter referred to as DFI) and authorize the DFI to post such debits to my (our) listed account.

Adjusting entries to correct errors are also authorized. It is agreed that these withdrawals and adjustments will be made electronically and under the Rules of the Mid-America Payment Exchange, Inc. Automated Clearing House Association (MPX) and National Automated Clearing House Association (NACHA). This authorization will remain in effect until written notice of termination is given the Plan in such time and manner as to afford the Plan a reasonable opportunity to act on it. I (we) acknowledge receipt of a completed copy of the Authorization.

Name of DFI _____

Address of DFI _____

DFI's Routing and Transit/ABA No. |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Account No. to Debit _____

Type of Account Checking Savings

Debit Account 3rd Business Day Monthly Quarterly (February, May, August, November)

Signature of Authorizing Party _____ Date _____

Signature of Authorizing Party _____ Date _____

PLEASE ATTACH A VOIDED CHECK TO THIS AUTHORIZATION.

TO CANCEL WRITE TO THE PLAN AT THE PLAN ADDRESS ABOVE.