

Northwest Plumbing and Pipefitting Industry Health, Welfare and Vacation Trust

Administered by: Welfare and Pension Administration Service, Inc.

ELECTRONIC VACATION FUND TRANSFER ENROLLMENT FORM

Return to: Northwest Plumbing and Pipefitting
Industry Health, Welfare and Vacation
P.O. Box 34203
Seattle, Washington 98124-1203
Phone: (206) 441-7574
Fax: (206) 441-9110

Personal Information

Name _____ SSN _____

Home Address _____

U.A. Local # _____

Home Telephone (_____) _____

Date of Birth _____

Work Telephone (_____) _____

Work Hours _____

Designated Vacation Bank Account

Name of Financial Institution _____

Financial Institution Branch Address _____

Financial Institution Customer Service Telephone Number (_____) _____

Financial Institution ABA Routing Number _____

Financial Institution Account Number _____

This designated Vacation Bank Account:

Account Type:

IS IS NOT A Joint Account Checking Savings

If this designated Vacation Bank Account is a Joint Account, the following persons are Joint Account holders and entitled to receive any information available on this account from the Trust Office.

Name _____ SSN: _____

Name _____ SSN: _____

Name _____ SSN: _____

MEMBER'S SIGNATURE _____

MEMBER'S PRINTED NAME _____

DATE SIGNED _____

For office use: Date entered _____ Processor's initials _____