

# *Teamsters and Food Employers Security Trust Fund*

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P.O. Box 1121  
Alhambra, CA 91802-1121  
(626) 284-4792

**IF YOU HAVE ALREADY SIGNED UP FOR THE ACH PLAN, PLEASE DISREGARD THIS NOTICE.**

## **ACH AUTHORIZATION AGREEMENT**

I (we) authorize the Teamsters and Food Employers Security Trust to deduct my monthly retiree co-payment for amounts determined due by the Fund's Trustees. Amounts deducted shall be equal to the current rate in effect for the type of health and welfare coverage provided by the Trust Fund. The appropriate amount will be deducted from my (our) checking account maintained in the Financial Institution identified below, and I (we) authorize the Financial Institution to accept any debit entries initiated by the Fund.

Financial Institution: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

**NOTE: A VOIDED CHECK MUST ACCOMPANY THE AUTHORIZATION FORM.  
IF YOUR SPOUSE IS ALSO A SIGNATORY PERSON ON YOUR CHECKING  
ACCOUNT, BOTH OF YOU MUST SIGN THIS AUTHORIZATION FORM.**

Signature: \_\_\_\_\_

Second signature: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date: \_\_\_\_\_

2/08