

eRemit & Direct Payment ACH Debit Authorization Form

1) Please complete the requested information below to enroll in the eRemit program (REQUIRED).

Employer Name: _____

Building Address: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email Address: _____

Desired password for logging in (12 characters maximum): _____

2) If you would like to remit direct payment via ACH Debit, please complete the requested information below. (ONLY COMPLETE THIS SECTION IF YOU WOULD LIKE THE PLAN TO INITIATE DEBIT ENTRIES FROM YOUR DESIGNATED BANK ACCOUNT. IF YOU DO NOT COMPLETE THIS SECTION, YOU ARE REQUIRED TO MAKE PAYMENT VIA CHECK PAYABLE TO THE SEIU LOCAL 1 HEALTH & PENSION FUND FORWARDED TO THE FUND OFFICE.)

I (We) hereby authorize the SEIU Local 1 Health & Pension Plan to initiate debit entries to my (our) account at the depository financial institution identified below and to debit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name of Financial Institution: _____

Branch Location: _____

Phone Number of Financial Institution: _____

Type of Account: _____ Checking Account (attach a voided check) _____ Savings Account

Account Number: _____

Routing Number: _____

(For checking accounts this is the 9 digit number located on the bottom of the check. Call your financial institution to get the routing number for savings accounts. Do not use the deposit ticket numbers).

3) Signature: _____ (REQUIRED) Date: _____

Once completed and signed, please either fax this form to the Fund office at (630) 686-4128 (Attention: Accounts Receivable) or mail the completed form to the address listed below.

For Fund Office Use Only

Employer Number(s): _____ CBA(s): _____

Received date: _____ Approval date: _____