

**BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2**  
**ALBANY, NY JOINT BENEFIT FUNDS**  
**300 Centre Drive**  
**Albany, New York 12203**  
**(518) 456- 0259 or 1 (800) 664-8314 Fax (518) 456-4431**

**HRA/WRA and YEARLY VACATION (DECEMBER)**  
**DIRECT DEPOSIT ENROLLMENT / CHANGE FORM**

**Member Name:** \_\_\_\_\_

**SSN:** XXX-XX-\_\_\_\_\_

**COMPLETE THE INFORMATION BELOW TO ENROLL IN DIRECT DEPOSIT**

Bank Name	Account #	Account Type (Select One)	Routing #:
		<div style="padding-left: 20px;"><input type="checkbox"/> <b>Checking</b></div> <div style="padding-left: 20px;"><input type="checkbox"/> <b>Savings</b></div>	

**ATTACH ONE OF THE FOLLOWING FOR THE ACCOUNT INDICATED ABOVE.**

**Voided copy of a check**

**OR**

**Bank letter or specification Sheet signed by a bank representative**

**MEMBER AUTHORIZATION STATEMENT**

I hereby authorize the Bricklayers and Allied Craftworkers, Local 2 Health Fund to deposit my HRA/WRA checks as well as yearly vacation (December) into the bank account indicated on this form.

MEMBER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_