Alaska Laborers Trust Funds

Physical Address 7525 SE 24th Street Suite 200 Mercer Island, WA 98040 • Mailing Address PO Box 34203 Seattle, WA 98124
Phone (855) 815-2323 • Fax (206) 505-9727 • Website www.aklaborerstrust.com
Administered by:
Welfare and Pension Administration Service, Inc.

HEALTH COVERAGE PAYMENT
AUTOMATIC WITHDRAWAL AGREEMENT

I hereby authorize the Alaska Laborers-Employers Health & Security Fund to deduct my monthly payment for health coverage from my bank account.

Name (print):_____

Member's Social Security Number: _____

Home Address:_____

_____

Telephone number: (_____) _____

Name of Bank :_____

Bank's Phone Number: (_____) _____

Bank's Mailing Address :_____

_____

Routing Number:_____Account Number:_____

Account Type: _____Savings _____Checking

Amount of Monthly Withdrawal:_____

Signature:_____Date:_____

PLEASE ATTACH A VOIDED CHECK