

**Alaska Electrical Health & Welfare Fund**  
701 E Tudor, Suite 200  
Anchorage, AK 99503  
(907) 276-1246 • (800) 478-1246 • FAX (907) 278-7576  
www.aetf.com

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

**AUTHORIZATION**

I hereby request and authorize the ALASKA ELECTRICAL HEALTH & WELFARE FUND to initiate debit entries to my checking account at the bank named below.

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Branch

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Transit/ABA Number

\_\_\_\_\_  
Account Number

This authority is to remain in full force and effect until the ALASKA ELECTRICAL HEALTH & WELFARE FUND has received written notification from me of its termination in such time and in such manner as to afford the ALASKA ELECTRICAL HEALTH & WELFARE FUND a reasonable opportunity to act on it.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE ATTACH VOIDED CHECK HERE**