

# MICHIGAN BAC PENSION FUND

Michigan BAC Health Care Fund  
Michigan BAC Pension Fund  
Michigan BAC Apprenticeship Fund

Managed for the Trustees by:  
TIC INTERNATIONAL CORPORATION

**I hereby authorize the Michigan BAC Pension Fund to deposit my monthly pension benefit to the account and bank or financial institution identified below and authorize the bank or financial institution to accept these deposits.**

This authorization is to remain in full force and effect until the Fund has received written notification of its termination from me at such time and in such manner as to afford the Fund a reasonable opportunity to act on it.

I agree that these deposits, if any, may be made electronically and under the Rules of the Michigan Automated Clearing House Association (ACH).

*Please print or type:*

**Name of Bank or Financial Institution:** \_\_\_\_\_

Address of Bank or Financial Institution: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

Contact Person at Bank or Financial Institution: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of Account (check one):                      Checking                      Savings

DFI's Routing & Transit Number: \_\_\_\_ \_

Account No. to Credit: \_\_\_\_ \_

Name of Person Authorizing Transfer: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Local Union Number: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip Code

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

**PLEASE ATTACH TO THIS AUTHORIZATION A BLANK OR VOIDED CHECK ON THE ACCOUNT INTO WHICH DEPOSITS ARE TO BE MADE. PLEASE RETURN WITH YOUR APPLICATION TO THE MICHIGAN BAC PENSION FUND, 6525 CENTURION DRIVE, LANSING, and MI 48917-9275.**

