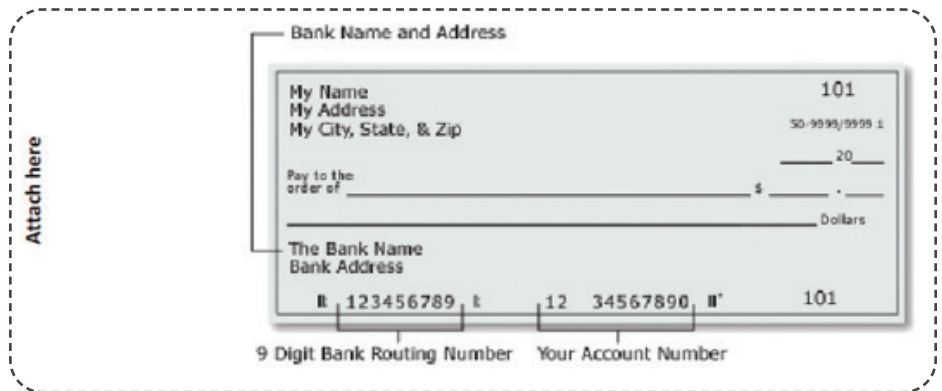


VACATION-HOLIDAY / DIRECT DEPOSIT FORM

VACACIÓN-FERIADO / FORMA DE DEPÓSITO DIRECTO

*** PLEASE NOTE WE DO NOT DEPOSIT INTO PREPAID DEBIT CARD ACCOUNTS.**

*** POR FAVOR, TENGA EN CUENTA QUE NO DEPOSITAMOS EN CUENTAS PREPAGADAS DE TARJETA DE DÉBITO.**



If you **are enrolled** in Direct Deposit for Vacation benefits you will receive two benefit disbursements, one at the end of April and the other at the end of October. If you **are not enrolled** in Direct Deposit, you will receive one benefit disbursement in the form of a paper check at the end of October.

NAME/NOMBRE		SOCIAL SECURITY NO./SEGURO SOCIAL	
ADDRESS/DOMICILIO	STREET/CALLE	CITY/CIUDAD	ZIP CODE/CÓDIGO
FINANCIAL INSTITUTION/INSTITUCIÓN			
BRANCH-OFFICE/DOMICILIO DE OFICINA	CITY/CIUDAD	STATE/ESTADO	ZIP CODE/CÓDIGO
* TYPE OF ACCOUNT AND ACCOUNT NUMBER (MARK 1 OPTION AND WRITE THE ACCOUNT NUMBER AND ROUTING NUMBER)			
<input type="checkbox"/> CHECKING	ACCOUNT NO.:	ROUTING NO.:	
You MUST enclose a personal check with your pre-printed name and address, marked "VOID" across the front OR a bank letter or statement stating your name, routing and account number. / Usted DEBE adjuntar un cheque personal con su nombre y domicilio preimpreso y marcado "VOID" a través del frente O una carta o estado bancario que indique su nombre, y numero de ruta e cuenta.			
<input type="checkbox"/> SAVINGS	ACCOUNT NO.:	ROUTING NO.:	
You MUST provide a bank letter or statement stating your name, routing and account number. / Usted DEBE proporcionar una carta o estado bancario que indique su nombre, y numero de ruta e cuenta.			
<i>I hereby authorize Laborers Vacation-Holiday Trust Funds for Northern California to initiate deposits (or correcting entries to previous deposits) to the account checked above. This authorization is to remain in force until I revoke it by giving a written notice to the Trust Funds.</i>			
PARTICIPANT SIGNATURE/FIRMA:		DATE/FECHA:	

To get your benefit faster, complete and return this Authorization Form with the requested documentation by:
 Para obtener su beneficio mas rápido, complete y devuelva este Formulario de Autorización con la documentación solicitada por:

1. **Email to / Correo electrónico a GoGreen@lfao.org**
2. **Mail or drop off at / Envie por correo o entrega**

LABORERS FUNDS ADMINISTRATIVE OFFICE OF NORTHERN CALIFORNIA, INC.
 220 CAMPUS LANE
 FAIRFIELD CA 94534