

Recurring ACH Payment Authorization Roth 401 (k)

I _____ authorize the Local Union 697 Money Purchase Plan & Trust to charge my bank account in the amount of \$_____dollars per month commencing on the first business day of each month and continuing on the first business day of each month thereafter, unless canceled by me in writing.

In the event that the undersigned wishes to cancel this agreement or wishes to make any changes to the information provided within this document, including but not limited withdrawal amounts, account changes, the undersigned must provide written notice at least 15 days prior to the date of next payment. Notice shall be given at 7200 Mississippi Street, Suite 300, Merrillville, IN 46410. I acknowledge that my notices must be made in writing to the Local Union 697 Money Purchase Plan & Trust and delivered to the Fund Office at their 7200 Mississippi Street, Suite 300 Merrillville IN 46410 address at least 15 days prior to the next date the payment is being made. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I expressly authorize that in the event there is an error made in the amount withdrawn from my account, the Local Union 697 Money Purchase Plan & Trust may correct that error without notice by making the necessary adjustment to my account balance. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF), I agree to pay all NFS charges incurred by the Fund, including, but not limited to charges made by the financial institution and administrative costs incurred by the Fund. I understand that the Local Union 697 Money Purchase Plan & Trust may incur a charge from the financial institution for each returned each NFS attempt, or any associated charge that the Plan incurred. In the case where I do not make immediate remuneration of the incurred fee to the Plan, I understand and authorize the Plan to withdrawal said fees directly from my Money Purchase Plan and Trust account and/or next employer contributions or pursue any other legal remedies available to the Money Purchase Plan and Trust.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form. Local Union 697 Money Purchase Plan and Trust reserves the right to cancel this authorization for good cause by providing written notice to the undersigned within 15 days prior to the scheduled automatic withdrawal.

Participant Information

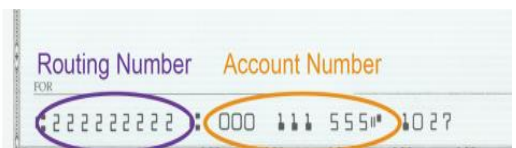
Bank Details

Account Holder Names: _____

Bank Name _____

Account Number _____

Routing Number _____



Home Address _____

Phone # _____

City, State, Zip _____ Email _____

SIGNATURE _____
(Account Holder's Signature)

DATE _____