

Duluth Electrical Workers ("the Fund")
Electronic Employer Remittance & Payment Authorization Form

1) Please complete the requested information below to enroll in the electronic employer remittance program.

Employer Name: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email Address: _____

Desired password for logging in:

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(Must be 10 – 12 characters & all CAPS)

2) Please make your selection between the two (2) options below for submitting payment to the Fund for monthly contributions:

Option #1: **Employer chooses to remit payment via ACH Debits initiated by the Fund.**

-Only complete this section if you would like the fund to initiate debit entries directly from a bank account that you designate. If checked, please complete the below information and then proceed to number 3 below.

Please note: **If you elect to remit payment via ACH Debits initiated by the Fund:**

- **Electronic Remittance confirmed prior to 1:00 PM CST will have a bank withdrawal the next business day.**
- **Electronic Remittance confirmed after 1:00 PM CST will have a bank withdrawal two business days following the confirmed Electronic Remittance.**

I (We) hereby authorize the Fund to initiate debit entries to my (our) account at the depository financial institution identified below and to debit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name of Financial Institution: _____ Phone Number _____

Type of Account: _____ Checking Account **(attach a voided check)** _____ Savings Account

Account Number: _____ Routing Number _____

(For checking accounts, the routing number is the 9 digit number located on the bottom of the check. Call your financial institution to get the routing number for savings accounts. Do not use the deposit ticket numbers).

Option #2: **Employer chooses to remit payment to the Fund via a check sent to the Fund Office.**

3)

Name (Print) : _____

Signature: _____

(REQUIRED)

Date: _____

This authority will remain in effect until the Employer notifies the Fund in writing to cancel it in such time as to afford the Fund reasonable opportunity to act on it.

Once completed and signed, please either fax this form to the Fund office at (218)728-4773 (Attention: Wilson-McShane AR Dept.) or mail the completed form to: **Wilson-McShane Corporation, 2002 London Road, Suite 300, Duluth, MN 55812**

For Fund Office Use Only

Employer Number(s): _____ CBA(s): _____

Received date: _____ Approval date: _____