

I.A.T.S.E. NATIONAL VACATION FUND

417 Fifth Avenue, 3rd Floor

New York, NY 10016-2204

Attn: Benefits Department

Tel. (212) 580-9092 or (800) 456-3863

Fax (212) 730-7706

AUTHORIZATION AGREEMENT FOR ELECTRONIC TRANSFER (RETURN BY MARCH 1)

(please print)

Name: _____ SSN: _____ - -

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () - _____

I hereby authorize the I.A.T.S.E. National Vacation Fund (the "Fund"), to initiate credit and debit entries in connection with the annual and/or supplemental benefit distribution to my account as designated below at the financial institution (the "Depository") named below, and to credit or debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with all applicable provisions of U.S. law.

Bank Name: _____
(Name of Financial Institution)

Phone: () - _____

Account Type (check one)

Checking Savings

9 Digit ACH Routing Number

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Account Number

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(ask your bank to furnish the routing # or send us a VOIDED check for your account)

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

Signature of Plan Participant

Date