VACATION FORM

Heavy and General Laborers' Funds of New Jersey Local 472 • Local 172 700 Raymond Boulevard • Newark NJ 07105 • Phone: 973-589-5050 • Fax: 973-589-1180

Member Name:	Social Security #:
Address:	
	Cell Phone #:
Union Local #:	Union Book #:
VACATION CHECK PAYOUT OPTIONS	
☐ I would like my vacation check once (1) a year (March	n)
☐ I would like my vacation check three (3) times a year ((March, August and December)
Member's Signature:	Date:
DIRECT DEPOSIT FORM (OPTIONAL)	
below for direct deposit into my account. I agree that rece from the Vacation Fund shall be treated as receipt by me responsible or liable in any way for any error or mishandlin I have determined that the bank or financial inst benefit payments from the Vacation Fund for deposit into	celled by me in writing and received by the Administrator of the
THIS PORTION TO BE COMPLETED BY THE MEMBER	₹:
Name of Bank or Financial Institution:	
Bank Account Number:	
Bank Routing/Transit/ABA Number:	
Account Type: Savings Account (Please Attach a L	Direct Deposit Confirmation Form)
Checking Account (Please Attach a	Voided Check)
Mark discount of the state of t	Fred D. W. (Weiner d. (Fred Office)
Member's Signature	Fund Representative (If signed at Fund Office)
Date:	Sworn to and subscribed before me This day of,20
Natara Dahlia Ciana da 200 (10 ha 20)	Seal:
Notary Public Signature (If by mail)	
My Commission Expires	