

# USW Retirees of Dana Corporation Health Care Trust

## Authorization for Automatic Payment of Contribution

Please print in blue or black ink.

Part 1- PARTICIPANT INFORMATION			
Last Name	First Name	MI	Social Security Number
Spouse's Name			Spouse SSN
Street Address	City	State	Zip
Telephone Number			

Part 2 - BANK INFORMATION	
Name of Bank or Financial Institution	
Name as it appears on checking/ savings account	
Account from which you would like your payment to be automatically deducted: (check one)	
<input type="checkbox"/> Checking Account Please enclose a voided blank check with this authorization	<input type="checkbox"/> Statement Savings Account Account Number: _____ Routing Number: _____
<input type="checkbox"/> Pension Deduction	

Part 3- AUTHORIZATION FOR DIRECT PAYMENT OF RETIREE CONTRIBUTION	
I hereby authorize the USW Retiree VEBA to initiate an ACH Debit or Pension Deduction to my account for the contribution required for my Retiree Benefits and authorize the financial institution to charge such withdrawals to my account. This amount may be adjusted based on any overpayments or underpayments, including any charges by the financial institution due to insufficient funds in my account. I may discontinue enrollment in this direct payment option at any time by notifying the VEBA Administration Office in writing.	
_____ Signature	_____ Date

This completed authorization form and a voided check should be sent to:

**USW Retirees of Dana Corporation Health Care Trust**  
 60 Boulevard of the Allies, Suite 620  
 Pittsburgh, PA 15222

If you wish to terminate the direct payment option, please write to the VEBA at the above address.