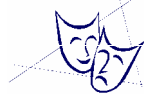


EQUITY – LEAGUE



Pension, Health, and 401(k) Trust Funds

Executive Director Arthur Drechsler

165 West 46th Street
New York, NY 10036-2582

Phone: (212) 869-9380 or (800) 344-5220
Fax: (212) 869-1824
Website: www.equityleague.org

AUTHORIZATION AGREEMENT FOR ELECTRONIC DEPOSITS

I hereby authorize Equity-League Pension Trust Fund, to initiate electronic credit entries, and to initiate, if necessary, by any such method, debit entries and adjustments for any credit entries in error to either my **Checking** _____ or **Savings** _____ (select one) indicated below and the depository named below, to credit and / or debit the same in such account. I have attached a voided personal check (if a checking account is to be credited) which contains account and routing information. For the savings account option, I have attached a deposit slip, which contains my account and routing information.

DEPOSITORY

Name _____ Branch _____

City _____ State _____ Zip _____

Transit/ABA# _____ Account # _____
(PLEASE CONTACT YOUR BANK FOR THIS NUMBER)

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

IMPORTANT:

ATTACH VOIDED PERSONAL CHECK IF CHECKING ACCOUNT IS TO BE CREDITED.

ATTACH A DEPOSIT SLIP IF SAVINGS ACCOUNT IS TO BE CREDITED.

Name _____ Social Security # _____
(Please Print)

Date ____/____/____ Daytime Telephone # _____

Signature _____