

**Boilermakers Local No. 85 Savings Plan**

**Employer Authorization**

I hereby authorize my employer, \_\_\_\_\_

to deduct from my wages \$ \_\_\_\_\_ per hour

( \$1.00, \$2.00, \$3.00, \$4.00, or \$5.00 )

worked and remit same to the Northwestern Ohio Administrators, Inc. to be credited and paid to me on a bi-annual basis in June and December of each year. I understand that I am unable to change this authorization, specifically the amount deducted from my wages for a period of one (1) calendar year. This authorization will remain in effect from year to year unless I request a change.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Soc. Security #

\_\_\_\_\_  
Date