



**LUSP Trust**

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**VERIZON PAYROLL ALLOTMENT AUTHORIZATION FORM**

*Complete form in its entirety, then fax, email, or return to the address above.*

Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_ Employee # \_\_\_\_\_

**Check One:**

- Establish New Allotment in the amount of \$ \_\_\_\_\_ (multiples of \$7)
- Change Existing Allotment from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ Per Pay Period (multiples of \$7)
- Cancel Existing Allotment

**Employee Authorization**

I hereby authorize and direct Verizon to take the allotment action indicated hereon with regard to my wages or benefits each pay period and, except in the case of a cancellation as set forth above, to remit such sum currently for deposit in the Transmittal Account with Nationwide Insurance Company, for subsequent disbursement by the custodian bank to the insurance company or companies named in the LUSP Trust. I understand that Verizon acts as my agent for the sole purpose of making allotments and remitting them to the depository named and assumes no further function or responsibility in connection with my account. I further understand that the Company will cancel this payroll allotment authorization in the event of written notification using the Plan's Payroll Allotment Authorization Form.

\_\_\_\_\_  
Signature of Member

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date