



Cement Masons & Plasterers Union #518 Fringe Benefit Funds

Administered by Wilson-McShane Corporation

PO Box 909500
Kansas City, MO 64190-9500

Phone: (816) 393-7060
Fax: (816) 393-0312
Toll Free: (877) 518-0518
www.kcmasonsbenefits.org

June 2024

IMPORTANT NOTICE

****ONLINE MONTHLY REMITTANCE REPORTING****

Before you can begin using the new online system:

- You must enroll into the site. To enroll in the site, please contact us at CMP518-eligibility@wilson-mcshane.com or at (816) 393-7060. You will be sent an email, which will include instructions and a link to enroll into the electronic remittance site. This is required to grant access and be able to submit remittance reports online.
- You must complete an Electronic Bank Debit Authorization. This will allow Wilson-McShane to automatically withdraw contribution payments from an account designated by the employer via ACH debit. To assure security, no bank information will be stored on a server with internet access. Your designated account will only be debited when you finalize your report each month.

Finally, training is available to you and your payroll staff. A representative from the Fund Office can provide training walking through the process with your payroll staff. The training date can be arranged for a mutually satisfactory date and time.

Sincerely,

Wilson-McShane Corporation
CMP518-eligibility@wilson-mcshane.com



Cement Masons & Plasterers Local #518 Fringe Benefit Funds
Electronic Employer Remittance & Payment Authorization Form

Phone: (816) 393-7060
Fax: (816) 393-0312
Toll Free: (877) 518-0518
www.kcmasonsbenefits.org

Please complete the requested information below to enroll in the electronic employer remittance program.

Employer Name: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email Address: _____

Employer chooses to remit payment via ACH Debits initiated by the Fund.

When completing this section, you are allowing the fund to initiate debit entries directly from a bank account that you designate.
Please complete the information below.

Please note: **If you elect to remit payment via ACH Debits initiated by the Fund:**

- **Electronic Remittance confirmed prior to 1:00 PM CST will have a bank withdrawal the next business day.**
- **Electronic Remittance confirmed after 1:00 PM CST will have a bank withdrawal two business days following the confirmed Electronic Remittance.**

I (We) hereby authorize the Fund to initiate debit entries to my (our) account at the depository financial institution identified below and to debit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name of Financial Institution: _____ Phone Number _____

Type of Account: _____ Checking Account (**attach a voided check**) _____ Savings Account

Account Number: _____ Routing Number _____

(For checking accounts, the routing number is the 9 digit number located on the bottom of the check. Call your financial institution to get the routing number for savings accounts. Do not use the deposit ticket numbers).

Name (Print) : _____

Signature: _____

(REQUIRED)

Date: _____

This authority will remain in effect until the Employer notifies the Fund in writing to cancel it in such time as to afford the Fund reasonable opportunity to act on it.

Once completed and signed, please fax this form to the Fund office at 816-393-0312 or email to:
CMP518-eligibility@Wilson-McShane.com (Attention: Wilson-McShane AR Dept.) you can also mail the completed form to: **Wilson-McShane Corporation, P.O. Box 909500, Kansas City, MO 64190**

For Fund Office Use Only

Employer Number(s): _____ CBA(s): _____

Received date: _____ Approval date: _____