

AUTHORIZATION FOR DIRECT PAYMENT

I authorize International Brotherhood of Electrical Workers Local 160 and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify International Brotherhood of Electrical Workers Local 160 in writing to cancel it in such time to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

(NAME OF FINANCIAL INSTITUTION)

(CITY)

(STATE)

(ZIP CODE)

(SIGNATURE)

(NAME – PLEASE PRINT)

(ADDRESS – PLEASE PRINT)

AMOUNT TO DEBIT EACH TIME _____ *AMOUNT OF MONTHLY DUES OWED (this amount could increase as dues increase)*

DATE TO DEBIT MY ACCOUNT

_____ **First Thursday of each month**

_____ **Third Thursday of each month**

ACCOUNT NO. _____

CHECKING _____ SAVINGS _____

FINANCIAL INSTITUTION ROUTING NUMBER _____
(LOCATED AT THE BOTTOM LEFT OF YOUR CHECK)

PLEASE STAPLE VOIDED CHECK TO THIS AUTHORIZATION

RETAIN FOR YOUR RECORDS

On _____ I authorized International Brotherhood of Electrical Workers Local 160 to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with International Brotherhood of Electrical Workers Local 160 at any time by notifying them in writing at the address below.

Dollar amount authorized Monthly dues owed _____

Date of debit _____ First Thursday of each month

_____ Third Thursday of each month