



Member: _____
Last First

Laborers' Local 140- Union Dues Recurring Bank Transfer Authorization Form

I authorize **Laborers' Local 140** to electronically debit my bank account according to the terms outlined below. I acknowledge that electronic debits against my account must comply with United States law.

Terms of billing:

Monthly starting on _____ and on the _____ of each month
mm/1st, 5th, 10th, 15th, 20th, 25th/yy 1st, 5th, 10th, 15th, 20th, 25th
thereafter for my union dues in the amount of **\$38.00**.

Every 3 months starting on _____ and on the _____ of
mm/1st, 5th, 15th, 20th, 25th/yy 1st, 5th, 15th, 20th, 25th
every 3rd month thereafter for my union dues in the amount of **\$114.00**.

Member bank account information:

****YOU MAY ATTACH A VOIDED CHECK INSTEAD OF FILLING OUT INFO****

Routing number

Account number

Name of Bank: _____ Your Phone # _____

Account type: Checking Savings Other: _____

NAME ADDRESS CITY, STATE ZIP	DATE _____	0123 01-23456789
PAY TO THE ORDER OF _____		\$ _____
BANK NAME ADDRESS CITY, STATE ZIP		DOLLARS
FOR _____		
⑆0123456789	012345678901234	0123
Routing Number	Account Number	

This payment authorization is to remain in effect until I, (write name) _____, notify Laborers' Local 140 of its cancellation by giving written notice in enough time for the union and receiving financial institution to have a reasonable opportunity to act on it. I also agree to notify Laborers' Local 140 of any changes in my banking account information. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In the case of my ACH transaction being rejected or non-sufficient funds, I understand that Laborers' Local 140 may at its discretion attempt to process the charge again within 30 days. I understand that I will be charged a NSF (non-sufficient funds) fee of \$25.00 each time a scheduled payment is rejected. **I also agree pay any monthly due increases that occur. (Example- monthly dues will raise to \$39.00 per month in 2020)**

Member signature

Member printed name

Date

E-MAIL ADDRESS: _____

Please check this box to go paperless and receive your receipts via e-mail!

Laborers'
International
Union of
North America

LIUNA!