



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/1<sup>st</sup>, 5<sup>th</sup>, 10<sup>th</sup>, 15<sup>th</sup>, 20<sup>th</sup>, 25<sup>th</sup>/yy 1<sup>st</sup>, 5<sup>th</sup>, 10<sup>th</sup>, 15<sup>th</sup>, 20<sup>th</sup>, 25<sup>th</sup>  
thereafter for my union dues in the amount of **\$38.00**.

**Every 3 months** starting on \_\_\_\_\_ and on the \_\_\_\_\_ of  
mm/1<sup>st</sup>, 5<sup>th</sup>, 15<sup>th</sup>, 20<sup>th</sup>, 25<sup>th</sup>/yy 1<sup>st</sup>, 5<sup>th</sup>, 15<sup>th</sup>, 20<sup>th</sup>, 25<sup>th</sup>  
every 3<sup>rd</sup> 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		
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!**