

Plumbers & Steamfitters Local Union 52

PO Box 211105
Montgomery, AL 36121-1105
334-272-9500

ACH Payment Authorization Form

Sign and complete this form to authorize Plumbers & Steamfitters Local Union 52 to make monthly debits to your checking or savings account.

By signing this form you give us permission to debit your account for the amount indicated below on or before the 10th of each month. I understand that Death Assessments will be deducted the following month after I receive notification (ex: if you receive a death assessment notice in January then the debit will be made in February). The Sick Fund Assessment will be drafted on March 1st of each year.

Please complete the information below:

I _____ authorize Plumbers & Steamfitters Local Union 52 to charge my
(full name)
bank account indicated below for _____ on _____ for:
(total amount) (date)

- Dues
- Death Assessments/Sick Fund Assessments
- Health & Welfare Insurance Payments

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____
SS# _____

Account Type: Checking Savings

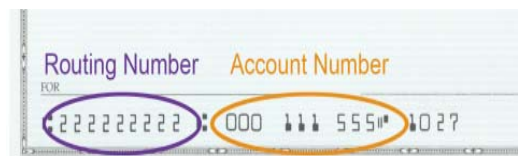
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



SIGNATURE _____

DATE _____

I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of the payment being rejected for Non Sufficient Funds (NSF) I understand that Plumbers & Steamfitters Local Union 52 may at its discretion attempt to process the charge again within 30 days, and I agree to an additional \$10.00 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute Plumbers & Steamfitters Local Union 52's billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.