

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)

<input checked="" type="checkbox"/> ADD (New Participant)	<input type="checkbox"/> CHANGE (Financial Institution and/or Account #)	<input type="checkbox"/> DELETE (Cancel Participation)
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Fixed Amount and Date Account Authorization

I (we) hereby authorize **Boilermakers Local 83**, (the Company) to initiate debit entries and, if necessary, initiate credit correction or adjustment entries to my (our) account at the financial institution indicated below.

I (we) understand that should the regularly scheduled debit date fall on a weekend or federal holiday, the debit shall occur on the following banking date.

Variable Amount and Date Account Authorization

I (we) hereby authorize **Boilermakers Local 83**, (the Company) to initiate debit entries and, if necessary, initiate credit or adjustment entries to my (our) account at the financial institution indicated below.

I (we) understand that should the regular scheduled debit amount vary above the set range, we will receive written notification from the Company of the new amount no later than ten (10) calendar days before the scheduled transfer date. If the scheduled date of the debit changes (other than for a weekend or federal holiday when the debit shall occur on the following banking date), I (we) will receive written notice from the Company no later than seven (7) calendar days before the new scheduled transfer date.

Please attach a voided check or financial institution verification letter for account validation

CHECKING **SAVINGS**

Depository Financial Institution		Branch
Address		
City	State	Zip Code
Amount/Range to Debit Monthly Dues=\$55.75 (subject to change annually)		Debit Date First working day of the Month
Recurrence: <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Qtrly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual		

TRANSIT ROUTING NUMBERS

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ACCOUNT NUMBER INFORMATION

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This authority is to remain in full force and effect until the Company has received written notification from me (or either of us) of its termination in such a time and manner as to afford the Company and the Depository Institution a reasonable opportunity to act on it.

Names(s) - Please print		
Address	City and State	Zip Code
Signature	Date	Signature (joint acct) Date

THIS FORM IS TO BE RETAINED BY THE COMPANY AS A MATTER OF RECORD. PLEASE RETAIN A COPY FOR YOUR RECORDS.