

International Brotherhood of Electrical Workers

2206 HIGHLAND AVENUE – EAU CLAIRE, WI 54701 – TELEPHONE: 715-834-4911

LOCAL UNION 953

Dear Local 953 Member:

Thank you for your interest in our automatic union dues payment plan. Your Local Union has set up monthly automatic union dues deduction, so you can conveniently have you dues transferred from either your checking or savings account.

Enclosed is an authorization form that will tell Associated Bank that they have permission to deduct a specific amount of money from your selected bank account for union dues. If you want your dues automatically deducted from your checking or savings account, please fill out all the information requested on the form and mail it back to this office as quickly as you can.

Each month, **around the 20th of each month**, Local 953 will send Associated Bank a form listing your name and the amount of union dues to deduct for that month. We will be sending you an official IBEW receipt each month for your automated deduction. Of course, if at any time you have questions regarding the amount deducted or if you want more than one month deducted or if you want to stop the deduction temporarily or permanently, just call Grace at 1-715-834-4911 ex 122.

Thank you and we hope you will consider the convenience of automatic dues deduction.

Sincerely yours,
LOCAL UNION 953, IBEW

Martin Sandberg

Martin Sandberg
Business Manager & Financial Secretary

MEMBERSHIP DUES AUTHORIZATION FORM

X _____
NAME

ADDRESS

CITY - STATE ZIP CODE

I hereby authorize Local Union 953, International Brotherhood of Electrical Workers to initiate debit entries for membership dues from the bank account indicated below:

ASSOCIATED BANK
PO Box 19097
Green Bay, WI 54307-9097

Deduct on a reoccurring (check one box):

- Monthly
- Quarterly (3 months)
- Semiannually (6 months)
- Year

NAME OF YOUR FINANCIAL INSTITUTION:

CITY: _____ STATE/ZIP: _____

ROUTING NUMBER: _____

(This is the nine (9) digit number located on the bottom left corner of your check.)

CHECKING ACCOUNT NUMBER: _____

OR

SAVINGS ACCOUNT NUMBER: _____

This authorization is to remain in full force and effect until Local Union 953; IBEW receives written notification from you to terminate the authorization.

Your Authorized Signature

Date