

Dear Member,

IATSE Local 728 offers the option of automatic dues payments. Dues can be automatically deducted each quarter from your checking or savings account.

The enclosed form will allow you to pay for your quarterly membership dues through an automatic withdrawal from your checking or savings account.

**Automatic dues transactions will be debited on the 1<sup>st</sup> of each quarter.**

**January ~ April ~ July ~ October**

**If the 1<sup>st</sup> lands on a weekend, the debit will occur the previous Friday.**

**If the 1<sup>st</sup> lands on a holiday, the debit will occur on the previous business day.**

### **Authorization Agreement for Automatic (ACH) Enrollment**

#### **Bank draft payment (ACH) Enrollment**

Complete the ACH authorization agreement form enclosed to enroll in automatic bank draft payment option. The authorization form must be returned to our office with a voided check (or copy of one), if you want to use your checking account. To sign up with a savings account, you must attach a deposit slip. Once activated, your quarterly dues payment will be deducted from your designated account on the 1<sup>st</sup> business day of each quarter.

#### **Withdrawal**

You may withdraw from the ACH payment option by sending written notice to IATSE Local 728. This notice must be received by the local fifteen (15) days before the 1<sup>st</sup> of the quarter – January 1<sup>st</sup>, April 1<sup>st</sup>, July 1<sup>st</sup>, October 1<sup>st</sup>.

IATSE Local 728 reserves the right to discontinue this service at any time.

#### **Change of Bank Account**

You may change bank accounts by completing a new Authorization Agreement form for automatic payments. Return it with a voided check for checking accounts or deposit slip for savings accounts. The new authorization form must be received by the Local fifteen (15) days before the 1<sup>st</sup> of the quarter – January 1<sup>st</sup>, April 1<sup>st</sup>, July 1<sup>st</sup>, October 1<sup>st</sup>.

#### **Non-Sufficient Funds**

If the ACH debit is returned or not honored by your bank for any reason, payment must be submitted to IATSE Local 728 along with any applicable fees by cash, money order or credit card.

**If you would like to sign up for automatic dues payments, you MUST complete the enclosed form and return it with a voided check to IATSE Local 728 fifteen (15) days before the next quarter.**

## IATSE Local 728 - Automatic ACH Debit Authorization Form

Personal & financial information provided herein will be kept strictly confidential.  
Please keep a signed copy of this agreement for your records.

**(PLEASE PRINT CLEARLY ALL REQUIRED INFORMATION – ILLEGIBLE FORMS WILL BE RETURNED TO SENDER)**

**MEMBERS NAME:** \_\_\_\_\_ **SS#** \_ \_ \_ \_ **EMAIL:** \_\_\_\_\_

### **Bank Account Information**

Individual or Company Name as it appears on bank account: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Account Type: ☐ Checking or ☐ Savings

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ (full account # as it appears on your check)

### **Payment Authorization**

I authorize the IATSE Local 728, Service Provider, and/or bank to electronically debit the personal bank account or the business bank account of which I am an authorized signor as identified above to the terms stated here and if necessary, to electronically credit the bank account to correct erroneous debits. This authorization shall remain in effect until IATSE Local 728 receives written notification from me of my intent to terminate and revoke this authorization at such time and in such manner as to afford IATSE Local 728, the Service Provider, and/or the bank reasonable opportunity to act (Minimum 15 days).

I understand that if the total annual amount of membership dues to IATSE Local 728 is legally increased or decreased, I authorize this plan to continue with quarterly dues payments at the quarterly dues rate so long as the frequency remains unchanged until the total amount owed to IATSE Local 728 is paid in full, or unless the plan is terminated or revoked earlier by me as above. I understand that the timing of the revocation may not allow for scheduled payments to be stopped.

I understand any changes to bank account number will require a new ACH Debit Payment Authorization Form to be filled out and submitted to IATSE Local 728 at least 15 days prior to being implemented to IATSE Local 728, the Service Provider, and/or the bank a reasonable opportunity to act.

I understand that this payment plan may be cancelled by IATSE Local 728, the Service Provider, and/or the bank due to NSF (Non-Sufficient Funds). I will be liable to pay an NSF fee of \$25.00 (or the amount allowable by law), which may be automatically debited for each NSF.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan with IATSE Local 728. I indemnify and hold IATSE Local 728, the Service Provider, and/or the bank harmless from damage, loss or claim resulting from all authorized actions hereunder.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Second Authorized Signature  
of Bank Account if Required: \_\_\_\_\_ Date: \_\_\_\_\_

TO ENSURE ACCURATE ACCOUNT INFORMATION, PLEASE SEND A COPY OF A **VOIDED CHECK FOR CHECKING ACCOUNT** OR A COPY OF A **DEPOSIT SLIP FOR SAVINGS ACCOUNT** ALONG WITH THIS AUTHORIZATION FORM.

Personal & financial information provided herein will be kept strictly confidential.

For office use only:

Received by \_\_\_\_\_

Date received \_\_\_\_\_

PMG:jb,  
opeiu537,  
afl-cio,clc