

IUPAT District Council 57

Authorization for Direct Payment via ACH (ACH Debit)

MEMBER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

I hereby authorize IUPAT District Council 57 to electronically debit my account (and, if necessary, electronically credit my account) using the information provided below.

Select One:

- ☐ Checking Account
☐ Savings Account

FINANCIAL INSTITUTION INFORMATION:

I agree that ACH transactions I authorize are in compliance with all applicable law.

Name of Financial Institution _____

Routing Number _____

Account Number _____

The diagram shows a check with the following details:

- Pay to the order of: _____
- Amount: \$ _____ Dollars
- Routing Number: 123456789
- Account Number: 123456789123
- Check Number: 1234

I understand that this authorization will remain in effect until I notify **IUPAT DISTRICT COUNCIL 57** that I wish to revoke this authorization. I understand that **IUPAT DISTRICT COUNCIL 57** requires at least **TEN(10) DAYS** written notice, prior to the next scheduled withdrawal.

Please return this form to 101 Ewing Road Carnegie PA 15106 via mail or in person.

Name (Please Print) _____

Signature _____ Date _____

TERMS AND CONDITIONS

- **DUES MUST BE CURRENT BEFORE FIRST AUTOMATIC WITHDRAWAL**
- ACH withdrawals will be made on the 20th of every month
- ACH withdrawals will occur no earlier than the scheduled date. If a scheduled withdrawal date falls on a weekend or holiday, the withdrawal will be initiated on the next business day
- If the dues amount changes with the District Council's governing By-Laws, the automatic dues payment will be automatically updated to reflect this change, unless instructed otherwise by the member **in writing**
- If a withdrawal transaction fails due to insufficient funds, the member will need to pay the amount of the failed scheduled transaction **plus** a \$12.00 fee payable by check, money order, or debit/credit card before returning to automatic ACH withdrawals
- Signed ACH Authorization agreements may be terminated at any time by providing **written notice** not less than ten(10) days prior to the next scheduled withdrawal

I hereby acknowledge that I have read and understand the terms and conditions of this agreement and authorize **IUPAT District Council 57** to withdrawal from my checking/savings account on a monthly basis for the purpose of dues collection. I understand that should the monthly dues amount change in accordance with the **IUPAT District Council 57** By-Laws, the withdrawal amount will be automatically to reflect this change, unless instructed by myself in writing

I further understand that I may terminate this agreement at any time by providing written notice not less than ten(10) days prior to the next scheduled transaction date.

I authorize my first automatic payment to start on _____
(mm/dd/yyyy)

Member Signature

Date

THIS SECTION FOR IUPAT DC 57 USE ONLY

ACH AUTHORIZATION FORM RECEIVED ON: _____ BY: _____

DUES CURRENTLY PAID THROUGH: _____ CURRENT MONTHLY DUES RATE:\$ _____

INITIAL TRANSACTION AMOUNT: \$ _____ NOTES: _____