



• 1211 WILEY BLVD. SW CEDAR RAPIDS, IOWA 52404 • 319-396-8461
• 1695 BURTON AVE. WATERLOO, IOWA 50703

AUTHORIZATION FORM

Membership direct payment (ACH Debit)

I (we) hereby authorize Local Union Community Charities to electronically **debit** my (our) account, and if necessary, to electronically credit my (our) account to correct erroneous debits as follows:

- Checking Account
- Savings Account (select one) at the depository financial institution named below.

I (we) authorize the following ACH transaction(s) and I (we) comply with all applicable law.

Bank Name _____

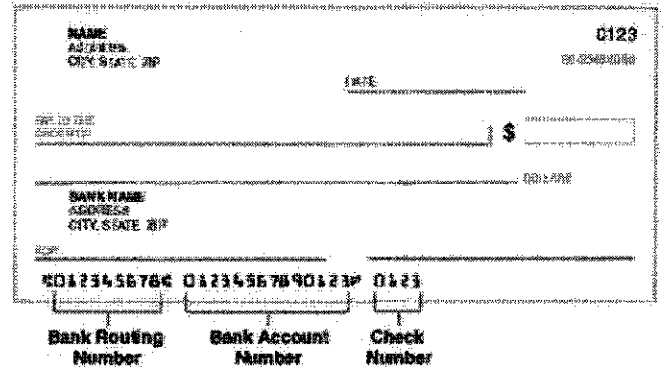
Routing Number _____

Account Number _____

Name on the Account _____

Email Address _____

Name of Employer _____



Amount of debit(s) or method of determining amount of debit(s) [or a specific range of acceptable dollar amounts authorized]* _____

Date(s) and/or frequency of debit(s) ** 1st or 15th

I (we) understand that this authorization will remain in full force and effect until I (we) notify Local Union Community Charities that I (we) wish to revoke this authorization. I (we) understand that LUCC requires at least 30 DAYS prior notice in order to cancel this authorization.

Name _____
(please print)

Signature _____

Date _____

**If monthly payment amount varies, the company must send the customer written notification of the payment amount 10 calendar days prior to the scheduled payment date (PPD debits only).*

***If the company changes the date on a recurring payment, the company must send the customer written notification at least 7 calendar days prior to the new date on which the entry will be debited (PPD debits only).*