



Bricklayers & Allied Craftworkers Local 3 NY  
33 Saginaw Drive  
Rochester, NY 14623  
585-641-0750 Fax 585-641-0754

## Monthly Union Dues Auto-Pay Option

I hereby authorize the Bricklayers & Allied Craftworkers Local 3 NY to electronically debit my account for payment of my monthly union dues as follows:

Please select type of account:

Checking

Savings

Name on Account \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Routing No. \_\_\_\_\_

Account No. \_\_\_\_\_

Amount of Monthly Dues \_\_\_\_\_

Start Month \_\_\_\_\_

*\*The Auto Draft will Occur on the 1st of the Month Selected\**

*\*\*Please Contact the Union Office to Verify Current Paid Through Date\*\**

Please select frequency:

Monthly (Same as Monthly Dues Amount Noted Above)

Quarterly (Amount of Monthly Dues x 3 Months = \$ \_\_\_\_\_)

BiAnnually (Amount of Monthly Dues x 6 Months = \$ \_\_\_\_\_)

Annually (Amount of Monthly Dues x 12 Months = \$ \_\_\_\_\_)

I understand that this authorization will remain in full force and effect until I notify the BAC Local 3 NY in writing that I wish to revoke this authorization.

I understand I will be charged a fee of \$15.00 if there are insufficient funds for the auto draft.

I understand the BAC Local 3 NY will require at least 14 days notice to cancel this authorization.

Printed Name \_\_\_\_\_

IU No. \_\_\_\_\_ Last 4 of SS \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please Return the Completed Authorization by Fax (585-641-0754) or Email to [Karriew@bac3ny.com](mailto:Karriew@bac3ny.com)**