

Ohio-Kentucky Administrative District Council

OF BRICKLAYERS & ALLIED CRAFTWORKERS • I.U. OF B.A.C.

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Kenneth C. Kudela
Director

Don R. Huss
Secretary-Treasurer

AUTOMATIC MONTHLY DUES AUTHORIZATION

Checking /Savings Account

I, _____, authorize the Ohio-Kentucky Administrative District Council to
Name as it appears on the Check / Deposit slip

charge my _____ starting on _____ and ending on _____
Checking / Savings Month/Day/Year Month/Day/Year

for the amount of \$ _____ for the Local # _____ Union Dues.

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

This payment authorization is valid and to remain in effect until the cancellation date unless I,

_____ notify the Ohio-Kentucky Administrative District Council office of its
Full Name

cancellation by sending a written notice 30 days prior to the first day of the month which payment will be stopped.

Member Signature: _____

Member's Printed Name: _____

IU Number: _____ Date: _____

PLEASE SEND IN A VOIDED CHECK FOR CHECKING ACCOUNTS OR A VOIDED DEPOSIT SLIP FOR SAVINGS ACCOUNTS.