Union Dues Payment Authorization Agreement

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Last Name:	First Name:	Initial:
Social Security Number:		
Union Reg Number:		
Credit Union Acct Number:		
Please pay my dues:	nnually	

I hereby authorize and direct Midwest Coalition of Labor Credit Union (hereinafter referred to as the "Credit Union") to deduct from my regular share account, an amount equal to three (3) months Union dues at the appropriate quarterly rate and forward same to Local 150 International Union of Operating Engineers, (herein referred to as "Local 150"), no later than ten (10) days prior to the first (1st) day of the first month of each calendar quarter.

I understand that it is my responsibility to maintain a regular share account balance with the Credit Union in an amount not less than:

(a) three months dues plus one hundred (\$100.00) dollars; and(b) an amount equal to what I have pledged (if any) or may in the future pledge in order to receive a Credit Union loan.

In the event that this aforesaid balance is not maintained, then the Credit Union may refuse to transfer any monies on my behalf to Local 150.

I further understand that the Credit Union offers this service to me free of charge and this service is subject to revocation by myself of the Credit Union upon receipt of written notice, from either party.

I further agree to indemnify and hold harmless the Credit Union and/or its officers, agents, employees and servants, and Local 150, its officers, agents, employees and servants from all liabilities arising from any negligent act, omission or willful misconduct of the Credit Union, its officers, agents, employees and servants and/or Local 150, its officers, agents, employees and servants related directly or indirectly to the performance of their duties and obligations under the terms of this Authorization Agreement.

	Accepted this	_ day of	20	
	Signature			_
	Please Return to:	Midwest (Coalition of Labor Credit Union 6240 Joliet Rd.	
			Countryside, IL 60525	
****	****	****	Fax: 708-482-9622	****
		F	FOR OFFICE USE	

□ Copy made for File □ Copy provided to Local 150 CU Employee Initials: ____