



# United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry of the United States and Canada

## 41st General Convention

#53-0159020

### AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (AFT CREDITS) — CANADIAN BANKS —

Delegate \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

UA Card Number \_\_\_\_\_ Date \_\_\_\_\_

**DELEGATES MUST COMPLETE, SIGN AND RETURN THIS FORM TO THEIR LOCAL UNION IN A SECURE MANNER.**

I authorize the United Association and its financial institution, Canadian Imperial Bank of Commerce, to electronically credit my bank account for any expense payments associated with my participation in the 41st General Convention (and if necessary, electronically debit my account to correct erroneous credits).

I agree and understand that such payments will be made directly to the below specified account. I confirm that I have authority under the terms of my applicable bank account agreement to authorize these AFT transactions. I further agree that all AFT transactions I authorize comply with applicable law.

**Account Type: (Choose one. Bank account must be a Canadian dollar account with delegate included as named account holder.)**

Chequing  Savings

**Please attach a voided cheque (chequing account) or a deposit slip (savings account) that displays the branch number, institution number, account number and account holder's name. If not available, please provide a document on the bank's stationary that includes the branch number, institution number, account number and account holder's name.**

Name(s) on Account \_\_\_\_\_

Depository Name \_\_\_\_\_ Branch Name \_\_\_\_\_

Depository City \_\_\_\_\_ Depository Province \_\_\_\_\_ Depository Postal Code \_\_\_\_\_

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Branch Number

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Institution Number

\_\_\_\_\_

Account Number

I understand that this authorization for direct deposit is voluntary, and that if I do not opt for direct deposit, any payment owed will be sent by cheque. I also understand that this authorization will remain in full force and effect until I notify the United Association in writing by mail that I wish to revoke this authorization. Notifications must specify a proposed effective date of termination and be submitted by mail to United Association, Accounting Department, Three Park Place, Annapolis, MD 21401. I understand that in order for the revocation to be effective, the United Association must receive such written notice at least three days prior to the proposed effective date of termination.

**SIGNED X** \_\_\_\_\_

If you have questions about this form, please contact the United Association Accounting Department at 410-269-2000.