PLUMBERS & STEAMFITTERS LOCAL UNION 52
ACH Authorization Agreement

ACH Authorization			
Company Name:		Authorized Individual Name:	

I, an authorized representative of the above mentioned company hereby authorize Plumbers & Steamfitters Local Union 52, to initiate debit entries to our:
☐ Checking ☐ Savings account (select one) indicated below.

Bank Information			
DEPOSITORY NAME:		Branch: (if applicable)	
City, State, ZIP:			
Transit/ABA No: ("Routing #")		Account #:	

This authorization shall remain in full force and effect until the written notification has been provided to Plumbers & Steamfitters Local Union 52 of its termination. At such time, a minimum of 15 business days must be provided to act on the request to cease ACH payments

By signing this form, I authorize debits for payment of the approved Monthly Remittance of Hours submitted to Plumbers & Steamfitters Local Union 52. This includes all amounts due to Local 52's Health & Welfare, Pension, Joint Apprenticeship, 3% Working Assessment, Industry Promotion and Industry Advancement Funds. I will not dispute Plumbers & Steamfitters Local Union 52 debits to my bank so long as the transaction corresponds to the terms indicated in this agreement. I acknowledge that the origination of ACH transactions to our account must comply with the provisions of U.S. law.

_____
Authorized Company Official Name
(Please Print)

_____
Authorized Company Official Signature

_____
Date