



PLUMBERS & STEAMFITTERS LOCAL UNION 52

PIPELINE AUTHORIZATION

CONTRACTOR NAME _____

MAILING ADDRESS _____

FEDERAL ID # _____

PHONE NUMBER _____

FAX NUMBER _____

EMAIL ADDRESS _____

PERSONNEL AUTHORIZED TO SUBMIT REMITTANCE DATA FILE

EMPLOYEE NAME _____

PHONE NUMBER _____

FAX NUMBER _____

EMAIL ADDRESS _____

PERSONNEL AUTHORIZED TO APPROVE PAYMENT

EMPLOYEE NAME _____

PHONE NUMBER _____

FAX NUMBER _____

EMAIL ADDRESS _____

Authorized Company Official Name
(Please Print)

Authorized Company Official Signature

Date

PLEASE COMPLETE AND RETURN TO: REMIT@UALOCAL52.ORG