Ignore Form if you previously signed up for the quarterly upload

To: Local Union 831 Members
Re: Vacation Authorization

Dear Members:

Vacation Authorization for dues is available to all members. All participants will receive a $6.00*credit towards their next quarter dues --when the Vacation Authorization pays the dues balance in full. The following will assist you to understand how the Vacation Authorization will work:

2019 Vacation Assignment Schedule**:
*Vacation Authorization form **must be received** by:*

Nov. 24th, '18	*Upload will take place shortly thereafter and will apply to 1st quarter 2018*
Feb. 24th, '19	*" will apply to 2nd quarter 2018*
May 24th, '19	*" will apply to 3rd quarter 2018*
Aug. 24th, '19	*" will apply to 4th quarter 2018*

Note: Should your deduction pay a portion of the balance due for the current quarter, then you will be required to pay the balance directly to the Union office before the end of the 1st month of each quarter. Thereafter, late fees and/or suspension fees will be added accordingly. Remember, the $6 credit will not be issued until your Vacation account can cover your dues account balance in full.

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(Cut on dotted line and return lower portion.)

~~~~ To begin the Vacation Authorization, please complete the form below and return to the LU 831 office. ~~~~
UNION YES [√] FEDERAL CREDIT UNION VACATION ACCOUNT ASSIGNMENT/ AUTHORIZATION FORM
DISTRIBUTION INFORMATION AND ASSIGNMENT OF DUES TO LOCAL UNION 831

PLEASE PRINT

831

(Last Name)	(First Name)	(Date of Birth)	(Local No.)

(Street Address)	(City)	(State)	(Zip Code)	(Telephone No.)

Assign my vacation account monies to my Local Union for Dues and/or Fees as marked below:

SECTION 1: Please complete this section if you want this as a Permanent Authorization of dues every quarter.

I _____, Social Security Number (last four numbers) #_____ authorize the
UNION YES [√] FEDERAL CREDIT UNION to deduct the amount equal to 3 months of Union dues and any and all outstanding balances from my vacation account and make payable to Local Union 831. I authorize this deduction at each 3 months, **or until I revoke this authorization in writing**.
I understand, I will be responsible for any outstanding balance "not covered" by the vacation funds.

X _____   X _____
(Sign here)   (Date)

See Schedule above for this form's deadline. Mail form to: **THE ABOVE ADDRESS