

# SEIU HEALTHCARE WISCONSIN Dues Bank Draft Authorization

**Member ID#:**  
**Last Name:**  
**First Name:**  
**Address:**  
**City:**  
**State and Zip:**  
**Home Phone:**  
**Work Phone:**

**Mobile Phone:**  
**Home Email:**  
**Work Email:**  
**Chapter:**  
**Work Site:**  
**Work Unit:**  
**Shift:**

<b>Monthly Dues</b>	<b>\$ 20</b>
Bank Name	
Draft Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Routing Number (9 digits)	
Bank Account Number	

By providing the information on this form, I authorize SEIU Healthcare Wisconsin, and its agents, including financial institutions, to initiate debit entries to the account listed above each month for the amount indicated above. The monthly dues amount may change if authorized according to the requirements of the local, state or national constitutions. If this happens, I authorize my bank to adjust my monthly payment when notified by the SEIU Healthcare Wisconsin, and its agents, including financial institutions. I agree this authorization remains in effect until terminated in writing by me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NAME**  
 ADDRESS  
 CITY, STATE ZIP

0123  
01-2345/6789

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

DOLLARS

**BANK NAME**  
 ADDRESS  
 CITY, STATE ZIP

FOR \_\_\_\_\_

Ⓜ Ⓜ 2345678 Ⓜ Ⓜ 234567890 Ⓜ 23

Bank Routing Number
Bank Account Number
Check Number

## ATTACH VOIDED CHECK

For office use only: Copy given to Member? \_\_\_\_Yes \_\_\_\_No \_\_\_\_\_Initials of Member collecting form