

Supporting Members Bank Draft Authorization Form



North Carolina Public Service Workers Union

P.O. Box 46263
Raleigh, NC 27620
1-919-833-1619

Please print clearly and press hard using a ball-point pen or type

NAME (on card) _____
last name first name middle name

PREFERRED NAME _____

BILLING ADDRESS _____
street/RFD apt. #

city/town state zip code email address

() () TO
area code home phone area code cell phone work/shift hours (ex. 7am to 4pm)

workplace (dept., university, institution) building/work area job title

☐

Dues for Supporting Members are \$5 per month

I, the undersigned, request membership in the above union. I hereby authorize my card company to deduct UE local 150 dues from my wages as indicated above, in such amounts as established pursuant to the UE Local 150 By-Laws. This authorization shall continue until cancelled by me by written notice to the UE Local 150 Central Office.

Credit ☐ or Debit ☐

Card number _____ - _____ - _____ - _____

Expiration Date: ____ / ____ 3 digit code (back of card) ____

Signature _____ Date _____ Turned in by _____