

**BROTHERHOOD'S RELIEF AND COMPENSATION FUND**  
 2150 LINGLESTOWN ROAD, HARRISBURG, PA 17110  
 TELEPHONE: TOLL FREE (800) 233-7080 LOCAL: (717) 657-1890

I / We hereby request the privilege of paying dues to the Brotherhood's Relief and Compensation Fund, Harrisburg, PA under the Organization's Pre-Authorized Debit Plan and authorize the Organization to draw a debit electronically for the purpose of paying said dues from the account of:

NAME AS SHOWN ON CHECKING ACCOUNT	CHECKING ACCOUNT NO

Note: This should agree with bank signature – Include name of firm if funds are to be drawn on business account.

NAME OF BANK	ADDRESS
CITY, STATE OR PROVINCE, ZIP	BANK PHONE NUMBER

**SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:**

- (1) In this agreement "we", "us", and "our" refers to the Payor.
- (2) We understand that funds will be drawn on the 15<sup>th</sup> of the month, or first business day thereafter, for membership dues to be paid in advance as required by Article VII of the Constitution. Our bank statement will constitute receipt for payment of dues.
- (3) The privilege of paying dues under this plan may be revoked by the Organization if any transaction is not paid upon request and the member will not be beneficial for the month for which dues were to be applied.
- (4) This plan shall not be construed as a modification of any of the provisions of the membership or requirements of the Organization's Constitution.
- (5) The payment of dues under this plan may be revoked by the Organization or the undersigned upon written notice.
- (6) We agree that delivery of this agreement to the Organization constitutes delivery by us to our Financial Institution. We agree that the Organization may deliver this agreement to the Organization's financial institution and agree to the disclosure of any information which may be contained in this agreement to such financial institution.
- (7) We understand that the Organization agrees to notify us in writing at the last known address as the same appears on the books of the Organization if there is a change in the pre-authorized debit amount.
- (8) We certify that all information provided with respect to this Account is accurate and we agree to inform the Organization in writing, of any change in the Account information provided in this agreement at least fifteen (15) business days prior to the next transaction due date. In the event of any such change this Agreement shall continue in respect of any new account to be used.
- (9) We warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below and agree to all the provisions contained herein.

MEMBER ID / SOCIAL SECURITY NO. (SOCIAL INSURANCE NO. – CANADA)	AMOUNT (CHOOSE PAYMENT OPTION BEFORE DETERMINING DEDUCTION AMOUNT)	MONTHLY	SEMI-ANNUALLY	ANNUALLY
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date	Signature of Member	If joint account, other signature
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**PLEASE SIGN, DATE AND RETURN TO THE BR&CF ALONG WITH A VOIDED CHECK  
 AND A MINIMUM OF TWO (2) MONTHS DUES**