

Brotherhood's Relief and Compensation Fund
2150 Linglestown Road, Harrisburg, PA 17110 • Telephone: (800) 233-7080

Name: _____ Member No.: _____

Address: _____

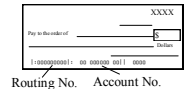
City: _____ State/Province: _____ Zip/Postal Code: _____

Cell No.: (____) _____ - _____ Home No.: (____) _____ - _____ Email: _____

I/We hereby request the privilege of paying membership dues to the BR&CF via the organization's debit plan. I/We authorize the BR&CF to debit my/our account on a **MONTHLY** basis from the following account:

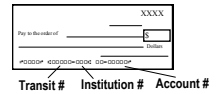
United States (please print)

Name As Shown On Account	Routing Number	Account Number



Canada (please print)

Name As Shown On Account	Transit-Institution Number	Account Number



Please check one <u>box</u> for the monthly debit date: 5th <input type="checkbox"/> 15th <input type="checkbox"/> 25th <input type="checkbox"/>	Account Type Checking <input type="checkbox"/> Savings <input type="checkbox"/>
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Name of Bank / Credit Union	Phone Number for Bank / Credit Union

Subject to the following terms and conditions:

- (1) In this agreement "we", "us" and "our" refers to the payer.
- (2) We understand that funds will be debited monthly for membership dues to be paid in advance as required by Article VII of the BR&CF 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 BR&CF 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 BR&CF Constitution.
- (5) The payment of dues under this plan may be revoked by the organization or the undersigned by written notice.
- (6) We agree that delivery of this agreement to the BR&CF constitutes delivery by us to our financial institution. We agree that the BR&CF may deliver this agreement to the BR&CF'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 the BR&CF agrees to notify us in writing at the last known address as the same appears on the books of the BR&CF if there is a change in the pre-authorized debit amount.
- (8) We certify that all the information provided with respect to the above-referenced account is accurate. We agree to inform the BR&CF in writing of any change in the account information provided in this agreement at least fifteen (15) business days prior to the next scheduled transaction 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.

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Member Signature

If joint account, other signature

Date

Please sign, date and return this form along with a voided check and one month's dues.