



**BANK DRAFT**

**Membership Dues Authorization Form**

**SEIU Local 503, OPEU PO Box 12159 Salem OR 97309-0159**


(Please print or type clearly.)

**Yes! I want to be a part of strengthening our Union,** As a convenience to our members we are able to accept union dues and CAPE payments electronically. If you would like to take advantage of this service complete the authorization form below and attach a voided check. Please return the authorization and a VOIDED CHECK in the enclosed envelope. The debit will take place on the 12th of every month for dues and/or CAPE.

**I authorize SEIU Local 503, OPEU to make monthly deductions from my checking/savings account as follows:**

- \$50 Union Dues/year (= \$4.17 month) : \_\_\_\_\_ /per month
  - CAPE Contribution (\$5/\$10/other): \_\_\_\_\_ /per month  
This contribution qualifies for the Oregon Political Tax Credit. Single filers are eligible for a credit of up to \$50 per year; joint filers up to \$100 per year.
- TOTAL: \_\_\_\_\_ /per month

By signing this form I acknowledge that the origination of ACH (Automated Clearing House) transactions to my account must comply with the provisions of U.S. law. This authorization is to remain in full force and effective until the Union has received written notification from me of its termination in such time and manner to afford the Union and the Bank (Depository) a reasonable opportunity to act on it.



*"Please join me as an active member with the SEIU Retiree Local 001 and with involvement with CAPE (Citizen Action for Political Education) our electoral arm that continuously works to elect worker-friendly and retiree-friendly local, state and federal office-holders. We have had many victories and some set-backs over the years - but with the political dynamics in this country and with the attacks on public workers; trade unionists and valuable services - the stakes have never been higher on the things that we hold dear: Retirement Security; Collective Bargaining; Living Wages and Benefits and a society that treats all people equitably. Won't you check off the CAPE box and make a monthly contribution?"*

**Bart Lewis, Eugene, OR**  
 Past President of Retiree Local 001  
 Retired, UoFO Office Administrator

SIGNATURE	PRINT NAME	DATE	SOCIAL SECURITY #
HOME PHONE	CELL PHONE	EMAIL	
ADDRESS	CITY	ZIP	
MAILING ADDRESS (IF DIFFERENT)	CITY	ZIP	

**Please fill out this information and TAPE a voided check in this space.**

Acct Type:  Checking  Savings

Bank Name: \_\_\_\_\_

Account # \_\_\_\_\_

Routing (ABA) # \_\_\_\_\_

Routing and Acct # are not needed if a voided check is attached.

