Automatic Dues Deduction Authorization Form
ACH Debit

I authorize **IBEW LOCAL 102** to electronically debit my account and, if necessary, credit my account to correct erroneous debits at the financial institution named below. I agree that ACH transactions I authorize comply with all applicable law.

Please complete the following:

Financial Institution: **Empower**

Routing Number (ABA): _____

Account Number: _____

I would like to request that my membership dues and assessments be debited from my account as designated below:

☐ Quarterly ☐ Semi-Annual ☐ Annual

I understand that this authorization will remain in full force and effect until I notify IBEW Local 102 in writing that I wish to revoke this authorization. I understand that IBEW Local 102 requires at least 45 days prior notice to cancel this authorization.

Print Name _____

Signature _____Date_____

July 8, 2026