



UF Membership and Authorization Agreement for Debit (ACH) Pre-Authorized Payments.

I authorize UNI United Faculty to debit my account listed below, each month or year, as elected below, for the amount indicated for dues. I also authorize UNI United Faculty and Veridian Credit Union to make any adjustments for errors made in the course of such charges. I understand that the dues amount is a percentage of my base salary and may be adjusted annually. I elect not to receive notice of changes to the dues amount as a result of salary changes. I understand that UNI United Faculty will notify me of any other changes to dues structures at least 60 days before going into effect and I authorize UNI United Faculty to adjust the debit to my account following such changes without notice.

This authorization is New Change Cancellation

Name: _____

UNI Department: _____

Home Address: _____ City, State, Zip _____

Campus Address: _____ Campus Mail Code: _____

Email Address, Campus: _____ Personal: _____

Financial Institution Name: _____

ABA Transit/Routing Number (see back): _____

Account Number: _____ Account Type: Checking Savings

Authorized Monthly Debit Amount [see back for calculations] _____ not to exceed \$650.

This authorization remains in full force and effect until United Faculty and Veridian Credit Union receive written notice of change from me in such time and manner as to afford reasonable opportunity to act on it. Notices of cancellation or change must be received 10 days prior to the next withdrawal date

Signature: _____ Date: _____

Please return this for to the United Faculty Office, Bartlett 2053, CM 0513 or directly to your Department Liaison or a UF Officer.

TENURED OR TENURE-TRACK PROBATIONARY FACULTY:

FY17 Salary _____

Salary x .0075: _____

\$100 discount:

___ spouse is also a member [Name: _____]

___ OR for probationary tenure-track faculty

Total: _____ [not to exceed \$650]

TERM, TEMPORARY, EMERITUS, OR RETIRED FACULTY:

\$120 TOTAL, Payment schedule:

___ 10 month

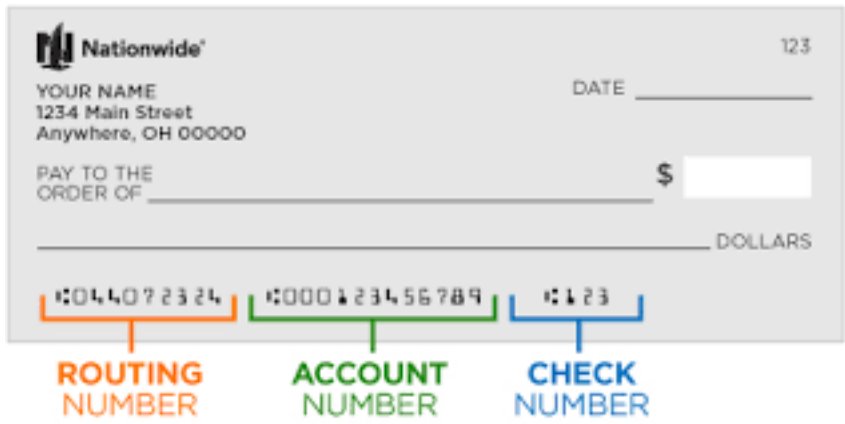
___ 12 month

___ Annually
(indicate month): _____

Payment Schedule: ___ 10 month ___ 12 month
 ___ Annually on September 1st

TOTAL : per month: _____

This form is for the sole purpose of deducting union dues. The financial information will be provided to Veridian Credit Union for purposes of initiating the charges but will otherwise be kept confidential in the locked offices of United Faculty. The financial information will not be released for any other purpose.



ROUTING NUMBERS FOR FINANCIAL INSTITUTIONS IN THE CEDAR VALLEY:

Dupaco	273974581
Farmer’s State Bank, Waterloo/CF:	073911676
John Deere Employees Credit Union	271186423
Lincoln Savings Bank, Cedar Falls	073905527
Regions Bank, Iowa	073900438
UNI Credit Union	273972842
U of I Community Credit Union	273975098
U.S. Bank, All Iowa Locations except Council Bluffs:	073000545
Veridian Credit Union:	273976369
Wells Fargo, Iowa branches	062203751

For institutions not on this list, just Google the name of your bank, location, and “routing number”