

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which UF member (if any) should be credited with recruiting your membership?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this for to the United Faculty Office, Bartlett 2053, CM 0513 or directly to your Department Liaison or a UF Officer. If emailed, return to becky.hawbaker@uni.edu

**TENURED OR TENURE-TRACK PROBATIONARY FACULTY:**

FY23 Salary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Salary x .0075: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$100 discount:

\_\_\_ spouse is also a member [Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

\_\_\_ OR for probationary tenure-track faculty

Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[not to exceed $650**]**

Payment Schedule: \_\_\_\_10 month \_\_\_\_12 month

 \_\_\_\_ Annually on September 1st \*

\*unless otherwise arranged with UF Treasurer

TOTAL : per month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TERM, TEMPORARY, EMERITUS, OR RETIRED FACULTY:**

**$120 TOTAL,** Payment schedule:

\_\_\_10 month

\_\_\_ 12 month

\_\_\_ Annually (due Sept 1 unless otherwise arranged with UF Treasurer)

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

UNITE Credit Union 273972842

Green State [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”