



Local Union 392 Federal Credit Union

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AUTHORIZATION, RELEASE AND CONSENT FORM
TO TRANSFER OR PAY OUT FUNDS

Account No. _____

Name (please print clearly) _____

Social Security No. _____

Telephone No. _____

CIRCLE ONE: QUARTERLY BI-ANNUALLY YEARLY

Regular Rate: \$93.00 \$186.00 \$372.00

Retiree Rate: \$81.00 \$162.00 \$324.00

I, the undersigned, do hereby request and authorize the agents of **Local Union 392 Federal Credit Union** to pay from funds held in my name on deposit or which may be deposited in my name, for the payment of union dues to **Plumbers, Pipe Fitters, & Mechanical Equipment Service Local Union No. 392**.

I specifically and expressly release, indemnify and hold harmless the Board of Directors, the administrators, employees, and agents of Local Union 392 Federal Credit Union from any and all liability in connection with the release of these funds, made pursuant to this authorization.

I understand that the Credit Union will pay such dues and that the Credit Union is not responsible for payment of said dues if funds are not available.

Union Dues are currently \$31.00 per month, Retirees are \$27.00 per month, and must be paid at least Quarterly.
PLEASE NOTE: When there is an increase in dues, your payment will automatically be increased.

I UNDERSTAND THAT A \$3.00 CALENDER YEAR FEE WILL BE CHARGED EFFECTIVE IMMEDIATELY AND THEN YEARLY EACH FEBRUARY.

WITNESS

SIGNATURE

DATE

FOR OFFICE USE ONLY:

DUES WILL BE DEDUCTED ON: _____

FEE POSTED: YES _____ NO _____