



**LABORERS' LOCAL 42**  
**301 S. EWING**  
**St. LOUIS, MISSOURI 63103**  
**(314) 531-1187**

**MEMBERSHIP APPLICATION/DUES FORM**

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
**Name:** (Last) (First) (Middle)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Home Address (to include, City, State and Zip Code)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email Address (Personal- not department related)

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS**  
(ACH DEBIT)

I (we) hereby authorize the Laborers' Local 42 - Law Enforcement Division, hereinafter called Local 42, initiate debit entries to my (our) checking/savings account indicated below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law. Withdraw must be on or before the 15th of each month. \$ 38.50 a month will be withdrawn. In the event there is a change in the amount, you will be notified in writing, prior to any withdraws from your account.

**DEPOSITORY NAME:** \_\_\_\_\_ **DEPOSITORY CITY:** \_\_\_\_\_

**ROUTING NUMBER:** \_\_\_\_\_ **ACCOUNT NUMBER:** \_\_\_\_\_

This authorization is to remain in full force and effect until Local 42 has received *written* notification from me (or either of us) of its termination in such time and in such manner as to afford Local 42 and DEPOSITORY a reasonable opportunity to act on it.

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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

FORM MUST BE COMPLETED IN FULL FOR PROCESSING INCLUDE A VOIDED  
CHECK FOR CHECKING ACCOUNTS INCLUDE A DEPOSIT SLIP FOR SAVINGS  
ACCOUNTS