



North Atlantic States  
Carpenters Benefit Funds  
Vacation Savings Fund

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**DUES DEDUCTION AUTHORIZATION FORM**

MEMBER NAME: \_\_\_\_\_

MEMBER/UBC ID: \_\_\_\_\_

MEMBER LOCAL NUMBER: \_\_\_\_\_

**TO: THE NORTH ATLANTIC STATES CARPENTERS VACATION SAVINGS FUND**

I hereby authorize The North Atlantic States Carpenters Vacation Savings Fund (Fund) to pay to the United Brotherhood of Carpenters & Joiners Local Union No. \_\_\_\_\_ (or any successor local union) from my annual Vacation Savings Fund distribution, an amount equal to twelve (12) months' base dues effective with my December distribution.

I further understand that if my Vacation Savings Fund balance is less than \$400.00, the fund will NOT deduct any portion of the next twelve (12) months' dues and the remittance of these dues is my responsibility and will be remitted directly by me to my local union.

I understand that any dues changes or modifications that occur after September 30th relative to my next year's annual dues will be my responsibility and I will contact my local union directly on those matters.

I hereby authorize the Fund to deduct these monies annually from my vacation benefit check in future years in like manner. This request shall continue in effect from year to year until revoked by me in writing, no later than September 30th (of the year in which I request revocation).

MEMBER SIGNATURE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE: \_\_\_\_\_