

BAC Local 2 NY/VT Benefit Office
Vacation Fund
302 Centre Drive
Albany, NY 12203

Vacation Check Union Dues Deduction Authorization

I, _____ Last 4 numbers of your SS# _____

(Please Print)

hereby instruct the Fund Office to deduct the amount of my Union dues, and remit payment thereof to the Union on my behalf, from my Vacation Fund disbursement check. I certify that I have met the requirements of the Vacation Fund to be immediately eligible for this distribution and hereby authorize the payment of the amounts due for my Union dues directly to the Union. I further authorize the Fund Office to accept BAC Local 2's written certification of the amount that I owe pursuant to this certification. **I understand that the last day for me to revoke this authorization is October 31.**

Participants Signature _____

Date _____