



LONGSHORE EMPLOYEE CHANGE FORM

COMPANY NAME: BCMEA COMPANY #: V10E

CHANGE REQUIRED: BANK UNION TAX OTHER

EMPLOYEE NAME: _____
(Last name) (First name)

EMPLOYEE REGISTRATION # _____ EFFECTIVE DATE: _____

****Document Changed Information Only****

Section A - Banking Information

PAYMENT TYPE: If you specified "Deposit", please complete the following and FAX a copy of a voided cheque. The optional account indicated is for a secondary deposit account. Please designate the amount in this account, the balance will go to the primary account.

Primary Acct:	_____	_____	_____	
	TRANSIT(5 digits)	BANK(3 digits)	ACCOUNT #	
Optional Acct:	_____	_____	_____	Amount
	TRANSIT(5 digits)	BANK(3 digits)	ACCOUNT #	

Section B - Union Dues and Dispatch Fees

I hereby authorize ADP to deduct regular union dues from my wages and remit them to my union local as specified below

Starting Union board position:

<u>ILWU Union Local:</u>	500	<input type="text"/>
	502	<input type="text"/>
	505	<input type="text"/>
	508	<input type="text"/>
	515	<input type="text"/>
	519	<input type="text"/>

<u>Union Board</u>	A	<input type="text"/>
	B	<input type="text"/>
	C	<input type="text"/>
	D	<input type="text"/>
	E	<input type="text"/>
	F	<input type="text"/>
	G	<input type="text"/>
	H	<input type="text"/>
	T	<input type="text"/>
	RWF	<input type="text"/>
	Other	<input type="text"/>

Section C - Tax Information

Please attach a completed TD1 Federal and TD1 Provincial Form

Section D - Other Changes/Comments

Section E - Authorization

Employee Signature _____

Fax #: 1-877-362-9678 Call Toll Free: 1-888-207-0727

E-Mail Address: Canada_BCMEA@adp.com

**Please fax/email to Comprehensive Outsourcing Services