



## Bank Transfer Authorization Form For Membership Dues

### 1.) Annual Membership Dues: (choose one option below)

- \$275 for breweries producing under 2,750 barrels in the previous year.
- 10¢ per barrel of proprietary brands for brewers whose production exceeded 2,750 barrels in the previous year as calculated below. (Maximum dues rate is capped at \$7,500)

Calculate dues rate: \_\_\_\_\_ x \$0.10 = \$ \_\_\_\_\_  
Number of barrels produced Dues rate

### 2.) Terms of billing for Membership Dues: (choose one option below)

- One time payment for the full annual membership dues amount.
- Ten monthly installments from March through December drawn on the \_\_\_\_\_ day of each month. (no payments in January or February) day of the month
- Customized installments (i.e. quarterly, bi-annual, etc.) -> Contact [mark@wibrewersguild.com](mailto:mark@wibrewersguild.com) or describe on the back of this page.

### 3.) Brewery bank account information:

\_\_\_\_\_  
9 Digit Routing Number

\_\_\_\_\_  
Account number

Account type:  Checking  Savings

The diagram shows a check form with the following fields and labels:

- Your Name** and **Your Address** at the top left.
- DATE** at the top right.
- 1001** at the top right corner.
- PAY TO THE ORDER OF** followed by a line for the payee name.
- \$** followed by a box for the amount.
- DOLLARS** below the amount box.
- Your Bank Name** below the payee line.
- MEMO** below the bank name.
- At the bottom, a MICR line with labels: **9 Digit Routing Number** (123456789), **Your Account Number** (0000987654321), and **Check Number** (1001).

### 4.) Authorization for Automatic Dues Payment Withdrawals

I authorize **Wisconsin Brewers Guild** to electronically debit my bank account according to the terms outlined above. I acknowledge that electronic debits against my account must comply with United States law. This payment authorization is to remain in effect to fulfill one year of membership dues payment. Wisconsin Brewers Guild must request payment reauthorization for all subsequent annual membership dues renewal periods.

Brewery Name: \_\_\_\_\_  
Brewery Name

\_\_\_\_\_  
Signature of Brewery Representative Printed Name Date

Send completed form to: Wisconsin Brewers Guild – PO Box 45961 – Madison, WI 53744  
or email to [mark@wibrewersguild.com](mailto:mark@wibrewersguild.com)