

IUOE Local No.9 Credit Card,Debit Card, E-Check, or Savings Authorization Form:

MEMBER Legal NAME: (please print neatly)	Reg # or SSN#:
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7/1/19-6/30/20 You want IUOE #9 to charge Dues of \$89.50/per Month _____ Yes _____ No
on _____ day of the month (you may pick any day from 1st thru 25th of the month)

⇅ OR ⇅

7/1/19-6/30/2020 You want IUOE #9 to charge RECURRING DUES PAYMENTS IN THE AMT OF
\$ _____ on _____ day of the month (you may pick any day from 1st thru 25th of the month) _____ Yes _____ No
STARTING DATE ____/____/20____ (Subject to increase 7/1/2020, etc & I authorize increase if needed.)
I understand that these amounts may change from year to year and authorize IUOE#9 to directly to make changes to my Dues.
↓ Options for Recurring dues pmts below: Pick only 1: ↓
Automatic payments every: _____ \$22.38/week _____ \$89.50/mo _____ \$268.50/3mos _____ \$537/6mos _____ \$1074/12mos OR _____ every _____ days

I wish to enroll and add the CBCTC monthly additional membership @ \$3.00 / month. I understand I can stop this membership at any
time. Intl: _____ & check Yes: _____ ~ or ~No: _____

Pick only 1 of 2 Options Below: Option #1 (Credit card or debit card) ↓

Accepted Payment Method **VISA** _____ **MC** _____ **Discover** _____

CARD PAYMENT INFO:

NAME ON THE FRONT OF THE CARD AS IT APPEARS: (PRINT NAME BELOW)

CARD # AS IT APPEARS: _____

EXPIRATION DATE ON FRONT OF CARD AS IT APPEARS:

BILLING ADDRESS FOR THE CARD: (Below) ↓ _____ **CK IF DIFFERENT THEN MAILING ADDRESS:**

CITY _____ **STATE** _____ **ZIP** _____

Pick only 1 of 2 Options Below or Above: Option #2 (Checking or Savings) ⇅

ROUTING # (AS IT APPEARS ON THE CHECK OR BANK) _____

CHECKING ACCT # _____

OR SAVINGS ACCT # _____

NAME OF BANK: _____

↓ NAME ON BANK ACCT ON FRONT OF CHECK: ↓

↓ BILL TO ADDRESS FOR BANK ACCT ON CHECK: ↓

CITY ↑ _____ **STATE** ↑ _____ **ZIP** ↑ _____

PLEASE PROVIDE AN EMAIL SO A RECEIPT MAY BE EMAILED WHEN THE CREDIT CARD, DEBIT CARD, CHECKING OR SAVINGS ACCT IS CHARGED. ↓

(EMAIL ABOVE) ↑

ph# (_____) _____ - _____

X _____
↑ Sign above if you authorize IUOE #9 to charge amount(s) for payment plan or Full Initiation Fee above indicated:

DATE OF AUTHORIZAION: _____ / _____ / 20 _____

PLEASE EMAIL TO: jdistel@iuoelocal9.com -or- Fax back completed form to: #(303) 623-8179