

IUOE Local No.9

MEMBER NAME: Credit Card, Debit Card, E-Check, or Savings Authorization Form:

(please print neatly)

Reg # or SSN#:

7/1/18-6/30/19 You want IUOE #9 to charge Dues of \$86.50/per Month _____ Yes _____ No
on _____ day of the month (you may pick any day from 1st thru 25th of the month)

OR

7/1/18-6/30/2019 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 7/1/2019 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: _____ \$21.63/week _____ \$86.50/mo _____ \$259.50/3mos _____ \$519/6mos _____ \$1038/12mos OR _____ every
_____ days

Option #1

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

Option #2

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# (_____) _____ - _____

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