

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

MEMBER NAME: _____		Reg #/SSN#: _____	
Please charge on Date: ____/____/20____		I want IUOE #9 to charge \$ _____	
& please charge on Date: ____/____/20____		I want IUOE #9 to charge \$ _____	
AND / OR Automatic DUES payments every: ___ Mo ___ 3 mos ___ 6mos ___ 12mos OR ___ every ___ days & / Or RECURRING PAYMENTS IN THE AMOUNT OF \$ _____ on ___ day of the month (you may pick any day from 1st thru 25th of month) I understand that these amounts may change from year to year and authorize the union to make changes to my deductions so that I may remain in Goodstanding with the Union.			
Accepted Payment Method VISA ___ MC ___ DISCOVER ___ DINERS CLUB ___			
CARD PAYMENT INFO: NAME ON FRONT OF 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: <input type="checkbox"/>	
_____		_____	
CITY		STATE	
_____		ZIP	
_____		_____	
CHECKING ACCT # _____		_____	
SAVINGS ACCT # _____		_____	
ROUTING # (AS IT APPEARS ON THE CHECK OR BANK) _____			
NAME ON BANK ACCT OR FRONT OF CHECK: _____			
NAME OF BANK: _____			
BILL TO ADDRESS FOR BANK ACCT OR 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)			
Contact ph# for person making payment: #() - -			
Sign above if you authorize IUOE #9 to charge amount(s) for payment plan or Full Initiation Fee above indicated:			
DATE OF AUTHORIZAION: _____		/ / 20____	