**IUOE Local No.9**

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

**MEMBER NAME:**

(please print neatly) _____ **Reg # or SSN#:** _____

**7/2/17-6/30/18 You want IUOE #9 to charge Travel Dues of $19.38/per week _____Yes _____No**

**(Subject to increase 7/1/2018 & I authorize increase if needed.)**

**Travel dues starting from DOH ____/____/20___ in Colorado & until I complete working in Colorado.**

**I understand I will have to call IUOE #9 p#303-623-3194 ext 11 and provide a last date worked when done working.**

**Option #1: CARD PAYMENT INFO BELOW:**

Accepted Payment Method **VISA ___ MC ____ DISCOVER_____ DINERS CLUB____**

**NAME ON FRONT OF CARD AS IT APPREARS: (PRINT NAME BELOW)**

_____

**CARD # AS IT APPREARS:** _____

**EXPIRATION DATE ON FRONT OF CARD AS IT APPEARS: mm_____ / yy_____**

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

_____

_____

_____ _____ _____

*CITY* *STATE* *ZIP*

**Option #2: Checking or Savings Account Payment Info Below:**

**CHECKING** or SAVINGS PAYMENT INFO BELOW: (AS IT APPEARS ON THE BOTTOM OF THE CHECK)

**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**

***Please e-mail to: jdistel@iuoelocal9.com, fax to: (303) 623-8179 or bring or US Mail to: 990 Kalamath St, Denver, CO 80204 ASAP***