

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

MEMBER NAME: (Please "Print" neatly) _____		Reg # or SSN#: _____
7/1/18-6/30/19 You want IUOE #9 to charge Travel Dues of \$19.96/per week _____ Yes _____ No		
I understand that these amounts may change from year to year and authorize IUOE#9 directly to make changes to my weekly Travel dues to remain current. (Subject to increase 7/1/2019 & I authorize an increase if needed.)		
Travel dues starting from DOH _____ / _____ /20_____ in Colorado & until I complete working in Colorado.		
<i>I understand I will have to call IUOE #9 p#303-623-3194 ext 11 and provide a last date worked when done working.</i>		

Option #1: CARD PAYMENT INFO BELOW:

Accepted Payment VISA _____ MC _____ DISCOVER _____

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

CARD # AS IT APPEARS: _____

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 CHECK)

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

CHECKING ACCT # _____

SAVINGS ACCT # _____

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.

<small>(EMAIL ABOVE)</small>
Contact ph# for person making payment: #(_____) - _____ - _____
<input checked="" type="checkbox"/> 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