

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 (Subject to increase 7/1/2019 & 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.
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Option #1: CARD PAYMENT INFO BELOW:

Accepted Payment	VISA _____ MC _____ DISCOVER _____
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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
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Option #2: Checking or Savings Account Payment Info Below:

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