

IUOE Local No.9

MEMBER NAME: Credit Card, Debit Card, E-Check, or Savings Authorization Form:
(please print neatly) **Reg # or SSN#:**

7/1/17-6/30/18 You want IUOE #9 to charge Dues of \$84.00/per Month _____ Yes _____ No
on _____ day of the month (you may pick any day from 1st thru 25th of the month)

OR

7/1/17-6/30/2018 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 7/1/2018 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/week _____ \$84/mo _____ \$252/3mos _____ \$504/6mos _____ \$1008/12mos OR _____ every _____ days

Option #1

Accepted Payment Method **VISA** _____ **MC** _____ **DISCOVER** _____ **DINERS CLUB** _____

CARD PAYMENT INFO:

NAME ON 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

CHECKING ACCT #

OR **SAVINGS ACCT #**

NAME OF BANK: _____

ROUTING # (AS IT APPEARS ON THE CHECK OR 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