

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

	MEMBER NAME:		Reg #/ SSN#:
1	Please charge on Date: ___/___/20___ I want IUOE #9 to charge \$ _____ Intl _____		
Optional (2)	& please charge on ___/___/20___ I want IUOE #9 to charge \$ _____ &/or Recurring payment(s) in the amount of \$ _____ on ___ day of the month (you may pick any day from 1st thru 25th of month) I understand that the amounts may change from year to year and authorize IUOE #9 to make the changes to my deductions so that i may remian in Goodstanding with IUOE #9. Intl _____		
3	I wish to enroll and add the CBCTC monthly additional membership @ \$3.00 / month. I understand I can stop this membership at any time. Intl: _____ & check Yes: _____ ~ or ~No: _____		
4 Pick one of the 2 only to fill out	<i>Option #1: Credit Card or Debit Card Information</i>		
	<i>choose #1 or #2</i>	Accepted Payment Method VISA ___ MC ___ DISCOVER ___	
	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: MO ___ / ___ YEAR		
	BILLING ADDRESS FOR THE CARD: (Below) CK IF DIFFERENT THEN MAILING ADDRESS:		

	CITY _____ STATE _____ ZIP _____		
<i>Option #2: Checking Account or Savings Account Information</i>			
<i>choose #1 or #2</i>	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 _____			
5	PLEASE PROVIDE AN EMAIL FOR PAYING PARTY SO A RECEIPT MAY BE EMAILED WHEN THE CREDIT CARD, DEBIT CARD, CHECKING OR SAVINGS ACCT IS CHARGED.		

<small>(EMAIL ABOVE)</small>			
Paying party 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 email to: jdistel@iuoelocal9.com , fax #(303) 623-8179 or USPS mail to: 990 Kalamath St, Denver, CO 80204			