

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

IUOE #9 Traveler Auto weekly payment form : (Please "Print" neatly & All (7) areas must be completed

| | | | |
|---|--|-----------------------|--|
| Please print Full Legal Name: | | Reg # or SSN#: | |
| #1 | I authorize _____ (Intl) IUOE #9 to charge my \$25 out of work list registration fee for the month of _____ 20____ | | |
| #2 | 6/28/2019-6/27/2020 You want IUOE #9 to charge Travel Dues of \$20.65 /per week Yes _____ No _____. | | |
| | 6/28/2020-12/26/2020 You want IUOE #9 to charge Travel Dues of \$21.35 /per week Yes _____ No _____. | | |
| | Subject to increase 12/27/2020 & I authorize an increase if needed. Intl _____ | | |
| | Travel dues starting from DOH _____ / _____ /20_____ in Colorado & until I complete working in Colorado. _____ | | |
| #4 | I understand I will have to call IUOE #9 p#303-623-3194 ext 11, ext 17 Or I will email: jdistel@iuoelocal9.com or lortiz@iuoelocal9.com and provide a last date worked when done working. I understand that I will not be refunded any weekly payments made prior to my notification. _____ | | |
| | Intl | | |
| Payment options: please only choose 1 of the 2 options below: | | | |
| #5 choose option # 1 (or) option #2 only | 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: <input type="checkbox"/> | | |
| | _____ | | |
| | 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 _____ | | | |
| #6 | 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: #(_____) - _____ - _____. | | |
| | X _____ | | |
| | Sign above if you authorize IUOE #9 to charge amount(s) for payment plan or Full Initiation Fee above indicated: | | |
| | DATE OF AUTHORIZAION: _____ / _____ / 20_____ | | |
| #7 | 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 | | |