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

MEMBER NAME:	-
(please print neatly)	Reg # or SSN#:
7/1/17-6/30/18 You v	want IUOE #9 to charge Dues of \$74.80/per MonthYesNo
onday	of the month (you may pick any day from 1st thru 25th of the month)
	OR
7/1/18-6/30/2019 Yo	ou want IUOE #9 to charge RECURRING DUES PAYMENTS IN THE AMT OF
\$onday of the month (you may pick any day from 1st thru 25th of the month)YesNo	
STARTING DATE/	/20(Subject to increase 7/1/2019 etc & I authorize increase if needed.)
	its 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:	\$18.70/week\$74.80/mo\$224.40/3mos\$448.80/6mos\$897.60/12mos OR
everydays	
	Option #1
Accepted Payment Method VISA N	IC DISCOVER
	CARD DAYMENT INFO
l N	CARD PAYMENT INFO:  AME ON CARD AS IT APPREARS: (PRINT NAME BELOW)
-	
CARD # AS IT AF	PREARS:
<u> </u>	XPIRATION DATE ON FRONT OF CARD AS IT APPEARS:
BILLING ADDRESS FOR	R THE CARD: (Below) CK IF DIFFERENT THEN MAILING ADDRESS:
OLTY	OTATE TO
CITY	STATE ZIP
ROUTING # (AS IT APPEA	Option #2 ARS ON THE CHECK OR BANK)
CHECKING ACCT#	
OR SAVINGS ACCT#	
	NAME OF BANK:
NAME ON BANK AGOT ON FRONT OF OUTOK	
	NAME ON BANK ACCT ON FRONT OF CHECK:
	BILL TO ADDRESS FOR BANK ACCT ON CHECK:
	BILL TO ADDRESS TOR BANK AGOT ON GILLON.
OUT	
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)
Conta	ct 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	
ILIOF #9 Authorization needs to b	e: email to: idistel@iuoelocal9.com_fax #303-623-8179.or mail to: 990 Kalamath St_Denver_CO 80204