

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 want IUOE #9 to charge Dues of \$72.30/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: ____\$18.08/week ____\$72.30/mo ____\$216.90/3mos ____\$433.80/6mos ____\$867.60/12mos 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: <input type="checkbox"/>
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)		
Sign above if you authorize IUOE #9 to charge amount(s) for payment plan or Full Initiation Fee above indicated: _____		
DATE OF AUTHORIZAION: _____ / _____ / 20 _____		

IUOE #9 Authorization needs to be: email to: jdistel@iuoelocal9.com fax #303-623-8179 or mail to: 990 Kalamath St, Denver, CO 80204