

2017 Monthly Credit Card Authorization

Please charge my credit card **\$29.00** monthly for my *Out of Work* dues.

OR

Please charge my credit card **\$16.00** monthly for *Retirement/LOA* dues.

I understand that this payment will be processed on the **15th of each month** or the next business day.

This authorization is valid until December 31st, 2017.

Credit Card Number: _____

Expiration Date: _____ / _____
Month Year

CVS #: _____ (3-digit number on the back of the card)

Name (printed): _____

Signature: _____

Date: _____

The information provided on this form will be solely used for the purpose of maintaining membership dues.
Any information that is provided will not be made available to any other parties and will be held in the strictest of confidence.

For Office Use Only

Jan _____ Feb _____ Mar _____ Apr _____ May _____ Jun _____

Jul _____ Aug _____ Sep _____ Oct _____ Nov _____ Dec _____