Today's Date: \_\_\_\_\_

## CONFIDENTIAL CREDIT CARD AUTHORIZATION FORM

## **Confidential Account Information**

Member: Pleas	e complete this au	uthorization form and return to Local Union 831.	
Credit Cardholder Name:		Phone #:	
Cardholder Billing Address:		Email:	
- Credit Card Types Accepted at ThisBANK DEBIT CARD		MASTERCARD	
Please include the last four	numbers of the credi	it card you will be using and the expiration date.	
Last 4 No. on Credit Card	Exp. Date	Security Code:	
<ul> <li>Union Dues</li> <li>Late Fees</li> <li>Reinstatement Fee</li> <li>Classification upgrade difference</li> <li>Per Capita increase</li> <li>Application Processing Fee</li> <li>Credit Card Processing Fee</li> </ul>	rence in dues	harge the above credit card for the following: tion)	
and, I guarantee payment for any tra	ansaction made with	the credit card mentioned above, including renewed cards.	
This authorization will remain in eff will provide written authorization f	-	al Union 831 otherwise. If I change the credit card institution specifi rd to Local Union 831.	ed, I
Please sign, date and print below:			
Signed:			
Date:			
Print Name:		Handled by: Date:	
		Verified Form Info.:	