

Recurring Payment Authorization Form

If you would like to enjoy the convenience of automatic recurring billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

Customer Information (to be completed by merchant)

Customer/Member _____
Contact name _____ Account number _____
Email address _____ Phone () - Ext: _____

Payment Information (to be completed by merchant)

I authorize _____ Carpenters Local 1260 _____ to automatically bill the card listed below as specified:

Recurring amount _____

Frequency (check one) Weekly _____ (pick a day of week) Monthly (1st of the month) Quarterly (first day of quarter i.e. Jan 1st, Apr 1st, Jul 1st, Oct 1st)

Start on _____ / _____ / _____ End on: (check one) _____ / _____ / _____
Month Day Year Month Day Year

Notify me via email when my credit card is charged. (Make sure email address above is correct.)

Credit Card Information (to be completed by customer)

Card type MasterCard VISA Discover

Cardholder name _____ Cardholder ZIP Code _____
(as shown on card) (from credit card billing address)

Card number _____ Expires _____ / _____

CVC _____
(three digit code on back of the card)

Customer's signature _____

Date _____

customer merchant