



EASTERN MILLWRIGHT REGIONAL COUNCIL
United Brotherhood of Carpenters and Joiners of America
MILLWRIGHTS LOCAL UNION 219



**Recurring Credit/Debit Card Payment
 Authorization for Membership Dues**

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ UBC#: _____, authorize **Millwright Local 219 to Charge my**
 (Print Members/Cardholder's Name)

Credit Card indicated below for:

- \$63.00/Quarterly, on the 15th of March, 15th of June, 15th of September, and the 15th of December.
- \$126.00/Semi-annually, on the 15th day of June and the 15th day of December.
- \$252.00/Annually, on the 15th day of December.

Please note: Membership dues are to be paid in advance, example: If paying quarterly, March 15th payment should be paying for 2nd quarter (April, May and June ect.) You may want to catch your dues up by paying online to be up-to date with the automatic deductions.

Billing Information Billing Address: _____

Phone #: _____, City, State, Zip: _____

Email: _____

Card details Visa MasterCard Discover American Express

Cardholder Name _____, Credit Card Number _____

Expiration Date ____ / ____, CVV ____, Zip Code _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Millwright Local 219 in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____ DATE _____

*****Please complete and return via email; local219@easternmillwrights.com and or mail to; Millwright local 219, 1013 Centre Rd., Suite 301, Wilmington, DE 19805.**