

Dues Authorization Recurring Auto Payment Form

Member's Name _____ IBM/last 4 of SSN _____

Address _____ City _____ State _____ Zip _____

Phone # _____

Payment Options:

Credit Card Payment:

Name of Cardholder: _____

(As it appears on card)

Credit Card Billing Address: _____

City _____ State _____ Zip _____

Credit Card #: _____ Credit Card Type _____

Expiration Date: _____ CCV Code _____ Amount \$ \$ _____

I authorize Local 652 to charge my account on a monthly recurring basis on the 15th of each month to pay my union dues. I understand that it is my responsibility to monitor my charges and verify that payments are processed properly.

Signature of Checking Account or cardholder _____

Please note: you are responsible to keep your auto payment information on file current, please submit a new authorization form for any credit card/electronic check account changes, especially expiration dates. If your payment is not processed it is your responsibility to contact Local 652 and make your payment. If your membership is suspended for nonpayment, you must readmit before your auto dues payment becomes active again and submit a revised form with current information.

Mail to: Laborers' Local 652, 1532 E. Chestnut Street, Santa Ana Ca 92701