



CREDIT CARD PAYMENT AUTHORIZATION

MEMBER INFORMATION

First name: _____ M: _____ Last name: _____

Mailing address on credit card: _____

CARDHOLDER INFORMATION

Name on the credit card: _____

Circle one: Visa Master Card Discover

Credit card number: _____

Expiration date: month _____ year _____

Card security code: _____ (this is the last 3 numbers on the back of the card)

(quarter year, 3 months) _____ or (half year, 6 months) _____ or (full year, 12 months) _____

I authorize the International Brotherhood of Electrical Workers Local Union 1253 to charge my quarterly membership dues according to the option I have selected above (quarter, half, or full year). I understand that the charge will occur during the third week of the month prior the beginning of the quarter, half, or full year, as I have selected.

Signature: _____ Date: _____

Mail to: IBEW 1253
176 Main St.
Fairfield, ME 04937