

PLEASE READ CAREFULLY:

Fax: 1-504-828-7938

*To sign up for **AutoPay**, choose whether you would like to have your checking/savings account drafted or a debit/credit card. Fill out the appropriate side of the authorization form. Checking/savings accounts will be drafted full amount due on the last *business* day of the month. Credit/debit card transactions will be drafted your full amount due on the 1st of each month. You must notify us at least one week in advance to make changes/cancellations to AutoPay.

*For a **one-time payment** on your credit/debit card, circle one-time payment and indicate the amount you would like to authorize. This will be good for only ONE transaction; your information will not be saved!! We cannot use checking/savings accounts for one-time payments or telephone payments.

*To authorize **telephone payments**, fill out the credit/debit card authorization form completely and write "telephone authorization" somewhere on the form. Your information will be saved and this card will be used anytime you call to make a payment.

For Checking/Savings: Attach voided check or deposit slip

Electronic Funds Transfer (EFT)

I authorize UFCW Local 496 to initiate monthly debit entries to my bank account on the last business day of each month. I agree to contact UFCW Local 496 at least (7) days before the due date with any concerns to allow time for correction. Transactions made on my account will be labeled as: United Food and Commercial Workers-Local 496.

Checking _____ Savings _____ Routing # _____

Account # _____

Signature: _____ Date: _____

****Please include a pre-printed voided check along with your signed authorization****

For Debit/Credit Card

Please circle one of our credit card options: AutoPay **OR** One-time payment of \$ _____

Visa ___ MasterCard ___ Discover ___ Credit Card # _____

Expiration Date: _____ (mm/yy)

Credit Card AutoPay

I authorize UFCW Local 496 to automatically charge my credit card for **balance due**. My credit card will be charged on the 1st of each month. I agree to contact UFCW Local 496 at least (7) days before the due date with any concerns to allow time for correction.

Cardholder Printed Name: _____

Cardholder Signature: _____ Date _____

Payment should be applied to: _____ (member/apprentice name)

Email address: _____ (REQUIRED)