



Member: _____
Last First

Laborers' Local 140- Union Dues Credit/Debit Recurring Payment Authorization Form

I authorize **Laborers' Local 140** to automatically charge my credit/debit card according to the terms outlined below.

Terms of billing:

Monthly starting on _____ and on the _____ of each month
mm/1st, 5th, 15th, 20th, 25th/yy 1st, 5th, 15th, 20th, 25th

thereafter for my union dues in the amount of **\$38.00 + card fees of**

\$_____. Total charge amount = \$_____

Every 3 months starting on _____ and on the _____ of
mm/1st, 5th, 15th, 20th, 25th/yy 1st, 5th, 15th, 20th, 25th

every 3rd month thereafter for my union dues in the amount of **\$114.00 + card fees of \$_____**. Total charge amount = \$_____

Member Name: _____

Card Holder Name: _____
(if different)

Credit/Debit Card Fees	
.25 cents per transaction + 3.1%	1 month- \$1.40

Card Number: _____ - _____ - _____

Expiration: _____ / _____ **CVC:** _____ **Zip Code:** _____
(mm/yy) (code on back)

This payment authorization is to remain in effect until I, _____, notify Laborers' Local 140 of its cancellation by giving written notice in enough time for the office to have a reasonable opportunity to act on it. I also agree to notify Laborers' Local 140 of any changes in my credit/debit card account information. 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 agree to pay .25 cents per transaction in card fees, plus 3.1% of the total dollar amount being charged. In the case of my card transaction being declined, I understand that Laborers' Local 140 may at its discretion attempt to process the charge again within 30 days. I agree to any additional NSF (non-sufficient funds) fees that may apply due to declined payment. **I also agree pay any monthly due increases that occur. (Example- monthly dues will raise to \$39.00 per month in 2020)**

Member signature

Member printed name

Date