

Teamsters Local Union No. 896

Affiliated with International Brotherhood of Teamsters



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us at (213) 388-3144. This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
<i>Merchant fee: 2.5%</i>	
Cardholder Name (as shown on card):	
Cardholder Address:	
Cardholder City, State, Zip:	
Last Four Digits of SS#:	
Card Number:	
Card Expiration Date (mm/yy):	
CVV:	
Email Address:	

I, _____, authorize **Teamsters Local Union 896** to charge my card above for dues, fees, late charges, payment plans, etc. I understand that my information will be saved to file for future transactions on my account. I understand that if my credit card is declined for any reason, I will be responsible for paying dues owed plus any and all late fees including re-initiation fees, if applicable. I also understand that dues increase annually and any increase in charges is from an increase in dues that is contractual and in my collective bargaining agreement.

 Member Signature

 Date

OFFICE USE ONLY:	
Shop / Location:	_____
Charge Amount:	_____
Month to begin charge:	_____
How Often (circle):	PP M Q
Additional Notes:	_____ _____