

**United Food & Commercial Workers Union, Local 101**

208 Miller Avenue

South San Francisco, CA 94080

(650) 871-5730 • (800) 660-8329 • (650) 871-3590 Fax

**Credit Card Authorization and Assignment  
for Monthly Dues, Fees & Charges**

Please complete the voluntary Payment by Credit Card Form

Print  
Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Address \_\_\_\_\_

City & Zip \_\_\_\_\_

Home  
Telephone # \_\_\_\_\_

Employer Name &  
Store # \_\_\_\_\_

**Credit Card Type:**     VISA         MASTERCARD

Card# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_        Exp. Date \_\_\_\_ / \_\_\_\_

CV2 Code# \_\_\_\_ (3-Digit Code on Back of Card)

I, the undersigned member, authorize United Food & Commercial Workers Union, Local 101, affiliated with the United Food & Commercial Workers International Union, AFL-CIO & CLC, to use my credit card to pay my dues, fees or charges each month or until I revoke this authorization and assignment. I understand that these dues, fees and charges deduction by credit card is a voluntary payment program and that either party to this agreement can terminate this program at any time. The Union will process appropriate charges to the designated credit card between the first (1<sup>st</sup>) and fifth (5<sup>th</sup>) day of each month. These authorized charges will be noted on your member's payment record maintained in the Local Union office. In case the designated credit card is declined or otherwise rejected by the bank processor, the member is still responsible for the payment of any outstanding dues, fees or charges on his/her account and is further subject to all provisions of Local 101's Bylaws and the International Constitution. The reporting of all credit deductions is the responsibility of the financial institution providing said credit card and should appear on your periodic credit card statement. Local 101 assumes no responsibility for the reporting of credit card statements. If you wish to revoke this authorization and assignment, you must sign the appropriate release form. This form must be received at the Union office on or before the fifteenth (15<sup>th</sup>) day of the month. Release forms received after the fifteenth (15<sup>th</sup>) day of the month will be processed following the deduction of dues the next calendar month.

I do hereby certify that I have read the terms and conditions of this voluntary credit card deduction program and with my knowledge and consent do hereby authorize and assign the Union all such deductions as of the same time they were made.

Signature \_\_\_\_\_

Date \_\_\_\_\_