



Credit Card Authorization Form

Date: _____

Union Members Name: _____

Name as appears on card: _____

Debit/Credit Card #: _____

CVV# or CVC#: _____

Expiration Date – (MM/YY): _____

By my submission of this form, evidenced by my selection (clicking on) the link provided for such purpose, I, the Cardholder identified above, do hereby agree to, acknowledge that, and authorize the United Association Local Union 725 of Miami, Florida, A.F.L.-C.I.O. to charge my credit/debit card above on a monthly basis for the purpose of providing for the above-identified Union Member's payment of union dues, death assessments and/or service fees. I understand that my information will be saved for future transactions on this account.

NOTE: There will be a \$5.00 service fee assessed for any credit charges declined, for any reason.

Either the Cardholder and/or the Union Member may revoke this authorization by their respective provision of written notification of such intent sent directly to:

U.A. Local Union 725 of Miami, Florida, 13185 NW 45 Ave, Miami, FL 33054

Address: _____

Email: _____

Cell Phone: _____

UA Card # : _____