



**Welfare Fund of
Local No. One, I.A.T.S.E.**
320 West 46th Street, 6th Floor
New York, NY 10036
(212)247-5225

CREDIT CARD AUTHORIZATION FORM

Welfare Plan Year, July 1, 2017 to June 30, 2018

If you wish to pre-authorize the Welfare Fund to automatically charge your credit card for self-pay premium payments due during the Welfare Plan Year, July 1, 2017 to June 30, 2018, please fill out the form below.

We accept Visa, MasterCard And Discover ONLY!

Participant Name Social Security Number

Account Number CVV Code Exp. Date (MM/YY)

Mailing Address

City State Zip

Home Phone Work Phone Cell Phone

Email Address

I hereby authorize the Welfare Fund to charge the credit card listed above as indicated below. I understand that the credit card transactions will be processed during the 5 business days prior to each quarterly payment due date.

Please note that this form is for the Welfare Plan Year of July 1, 2017 to June 30, 2018.

Due Date	Premium Amount	Date Processed / Initials (Fund Office Use ONLY)	
<input type="checkbox"/> July 1, 2017	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> October 1, 2017	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> January 1, 2018	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> April 1, 2018	<input type="text"/>	<input type="text"/>	<input type="text"/>

Participant Signature: _____

Date:

Fund Office Use Only:

