



**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, 2019 to June 30, 2020**

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, 2019 to June 30, 2020, 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, 2019 to June 30, 2020.**

Due Date	Premium Amount	Date Processed / Initials (Fund Office Use ONLY)	
<input type="checkbox"/> July 1, 2019	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> October 1, 2019	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> January 1, 2020	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> April 1, 2020	<input type="text"/>	<input type="text"/>	<input type="text"/>

Participant Signature: \_\_\_\_\_

Date:

**Fund Office Use Only:**

