AUTHORIZATION AGREEMENT FOR DUES PAYMENT

PLEASE MAIL THE COMPLETED FORM TO THE: GOVERNMENT SUPERVISORS ASSOCIATION OF FLORIDA/OPEIU LOCAL 100
3600 RED ROAD, SUITE 405, MIRAMAR, FL 33025, Phone: 954-920-0046, 305-477-9644

PLEASE PRINT

I hereby authorize GSAF/OPEIU Local-100, hereinafter called the Association, to initiate electronic debit entries (ACH) to my Checking or Savings account indicated below and the depository financial institution named below, hereinafter called Bank, to automatically debit my bank account or credit card account for the amount of $50.00 ACH or $52.00 Credit Card (Including Processing Fee) to pay my union dues on or around the Fifteenth day of each month.

_____ _____ _____
PRINT NAME **SIGNATURE** **DATE**

_____ _____
EMPLOYER'S NAME (COUNTY OR CITY NAME) **EMPLOYEE ID NUMBER**

(CHOOSE ONE METHOD OF PAYMENT)

ACH PAYMENT

_____ _____
BANK NAME ACH / ROUTING NUMBER (nine digits)

☐ CHECKING ☐ SAVINGS _____
ACCOUNT NUMBER

CREDIT CARD PAYMENT

(Two dollars {$2.00} PROCESSING FEE APPLIES)

TYPE OF CREDIT CARD: ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐ AMEX ☐ OTHER

_____ _____
NAME OF MEMBER NAME AS IT APPEARS ON CREDIT CARD

_____ _____/_____
CREDIT CARD NUMBER EXPIRATION DATE CVV

_____
BILLING ADDRESS

_____ _____ _____
CITY STATE ZIP

_____ _____
EMAIL ADDRESS PHONE NUMBER

This authorization will remain active and in effect, until the Association receives written notification from you requesting termination of your dues payment.