



Western Washington Taxi Operators Association

Automatic Dues Withdrawals Form DEBIT / CREDIT CARD

Instructions:

If you would like to authorize us to bill your monthly dues payment to your credit card or debit card, please:

- Complete below and sign
- Return the original form to us
- Retain a copy for your files

B. Authorization for Credit Card or Debit Card Monthly Dues Billing

ACCOUNT HOLDER INFORMATION

Name (as it appears on the account) PLEASE PRINT

Street Address

City State Zip

Member Number (or last 4 digits of Social Security Number)

CREDIT CARD INFORMATION

VISA MASTERCARD DISCOVER
Card Type (choose one)

DEBIT

Card Number

Expiration Date

Verification Number

According to the information provided on this form I hereby authorize WWTCOA to make withdrawals from my credit card or debit card on a recurring monthly basis, on the 10th of each month for the purpose of dues collection. I understand that should the monthly dues amount change in accordance with our governing documents the automatic withdrawal amount will be automatically updated to reflect this change, unless otherwise instructed by me, in writing.

I understand that I may terminate this agreement at any time by providing written notice not less than 5 days prior to the next scheduled withdrawal. This authorization is to remain in effect until the WWTCOA receives a written termination or change notice from me.

Signature

Date

Start Month