



Credit Card Authorization Form

Today's Date _____

Member Name _____

Home Email Address _____

Address – Street _____

Address – City, State, Zip _____

Local Association _____

Home/Cell Phone _____

Credit Card Information & Authorization

If you wish to pay your dues **annually by credit card**, please complete the above information, as well as the following:

Please note that a one-time dues payment will be charged to your credit card in September (or the month you enroll) and each September thereafter unless you make alternative arrangements for payment of your dues.

Card Type: MasterCard VISA

Card number: _____

Expiration date: _____ Total amount authorized: \$ _____

*Current Active Category Members: IEA will offer a **5% discount on IEA Active dues only** for any currently enrolled IEA member if his/her total dues obligation is **paid in full** by October 15th of any year.*

*New Active Category Members: IEA will offer a **5% discount on IEA Active dues only** for any new member if his/her total dues obligation is **paid in full** within 30 days of initial enrollment.*

Cardholder Signature: _____

Name on card (please print): _____

Billing address of card: _____

City, State, Zip: _____

Business Office Use Only

Date: _____ Amount: _____ Refund? ___ Refund Amount: _____ ID #: _____

Payment Methods updated: ___ One-Time payment: ___ Auto debit Status "on": ___ Initials: _____