

Michiana Area Electrical Workers' Fringe Benefit Funds

6525 Centurion Drive • Lansing, MI 48917 • Phone (800) 531-2244 • Fax (517) 321-7508

Credit Card On-File Authorization Form

I, _____, wish to leave the credit card information found below on file with the Michiana Area Electrical Workers' Fringe Benefit Fund Office so that I may use the credit card to make future self-payments verbally via telephone. I understand that without completing this form in its entirety, the Michiana Area Electrical Workers' Fringe Benefit Fund Office will not accept my credit card self-payments over the phone and I will have to submit my self-payment via mail.

Please complete the information below and print neatly:

Participant Name: _____

Last Four Digits of Social Security Number: _____

Address: _____

Daytime Telephone Number: _____
(NNN) NNN-NNNN

Name As It Appears on Credit Card: _____

Credit Type (check one): Visa MasterCard

Credit Card Number: _____ - _____ - _____ - _____

Credit Card Expiration Date: Month (MM): _____ **Year (YYYY):** _____

**Please note – there is an additional \$5.00 transaction fee
each time your credit card is used for self-payments.**

*I certify that I am the authorized holder and signer of the credit card reference above.
I certify that all information above is complete and accurate.*

Participant Signature: _____