



# Recurring Credit Card Form Dependent Coverage

By signing this form, you are agreeing to allow WECA to charge your credit card monthly for the below item(s). Deductions will occur each month on or around the 25th of the month for the dependent coverage charge. If you wish to cancel this agreement, please send your written request to WECA, 3695 Bleckely Street, Rancho Cordova, CA 95655. Please refer to WECA's Apprenticeship Handbook for all applicable billing and collection policies. For questions, please contact WECA Accounting Department at 916-453-0112 or toll free at 877-444-9322

Payment Purpose:

Dependent Coverage

WECA Membership

Monthly MIR Payment

Other \_\_\_\_\_

CUSTOMER INFORMATION

Name or Customer ID: \_\_\_\_\_

Authorized Amount: \$ \_\_\_\_\_

Transaction Date: \_\_\_\_\_ (Leave blank for Recurring)

CREDIT CARD INFORMATION

**Credit Card:**  VISA

MASTERCARD

**Name** (exactly as it appears on card): \_\_\_\_\_

**Street** \_\_\_\_\_  
Number Street Name City State

**Billing Zip Code:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/yy)

Cardholder Signature \_\_\_\_\_ Date: \_\_\_\_\_

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CVV: \_\_\_\_\_

Processed By: \_\_\_\_\_

Date: \_\_\_\_\_