



# Recurring Credit Card Form

By signing this form, you are agreeing to allow WECA to charge your credit card monthly for the below items. Deductions will occur each month on or around the 1<sup>st</sup> of the month. You will receive a receipt of each transaction in the form of an invoice marked PAID and or an email receipt. 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 Membership and/or 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: \_\_\_\_\_