

Authorization for Automatic Dues Increase

Yes. I want to pay my NPhA-USW Local 1969 dues through a monthly debit.

I authorize a monthly debit of \$_____ until I rescind this authorization.
(Deductions will occur on or after the 10th of each month)

VISA MASTERCARD DISCOVER

Card No.

Expiration Date: Month _____ Year _____

Signature
