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CREDIT CARD AUTHORIZATION FORM FOR MONTHLY DUES PAYMENT

Please complete all fields.

You may cancel this authorization in writing with 30-days' notice if you choose to switch to an annual membership dues payment, or leave the association.

This authorization will remain in effect until cancellation occurs.

CREDIT CARD INFORMATION

Card Type:

Visa ____ Mastercard ____ Discover ____ American Express ____

Cardholder Name (As Shown on the Card): _____

Card Number: _____

Expiration Date: _____ CVV (3 digits on back or AMEX 4 digits on front): _____

Billing Zip Code: _____

I, _____, authorize the Roofing Contractors Association of Washington to charge the above credit card for my monthly association dues at a rate of (check one)

_____ \$ 42.00 (Gross Sales less than 1 million annually)

_____ \$ 69.00 (Gross Sales 1 million – 3 million annually)

_____ \$ 88.00 (Gross Sales 3 million - 7 million annually)

_____ \$110.00 (Gross Sales >\$7 million annually)

I understand that my information will be saved in the RCAW's secure system. I understand I will be billed on or about the 15th of each month.

Member Signature

Company Name

Date