

**BAC OF MICHIGAN
Health and Welfare Fund**

P.O. Box 99490 • Troy, MI 48099-9490 • Phone (248) 828-6000 • Fax (248) 828-6001

Credit Card On-File Authorization Form

I, , wish to leave the credit card information found below on file with the BAC of Michigan Health and Welfare Office so that I may use the card to make future self payments verbally via telephone. I understand that without completing this form in its entirety, the BAC of Michigan Health and Welfare Office will not accept my credit card payments over the phone and I will have to submit my payment via mail.

Please complete the information below and print clearly

Member Name: _____

Last Four of Social Security Number: XXX-XXX- (_____)

Address: _____

Daytime Phone Number: (_____) _____ - _____

Name As it appears on the Credit Card: _____

Credit Type: Visa Master Card American Express Discover
(Circle One)

Credit Card Number: _____ - _____ - _____ - _____ **3 Digit CVC Code:** _____

Credit Card Expiration Date: _____ / _____

*** Please note- The bank applies an additional \$5.00 transaction fee each time you use your credit card to make a self-payment**

I certify that I am the authorized holder and signer of the credit card referenced above.

I certify that all information above is complete and accurate

Member Signature: _____

Date: _____ / _____ / _____