



Billing Information Form

Recurring Monthly Payment

Name: _____ Member ID# _____

Address _____

City _____ State _____ Zip Code _____

◆ Please update my billing information for my monthly dues payment.

Bankdraft

Routing Number _____ Account Number _____

Credit Card Visa / MasterCard / American Express / Discover Card

I hereby authorize NAHU to charge my account for the monthly credit card debit against the following account:

Card Number: _____

Exp: _____ CSC Code: _____

Signature: _____

Please email to membership@nahu.org OR Fax to 202-747-6882

Mail to: 999 E Street NW, Suite 400
Washington, DC 20004

Thank you for your continued support of NAHU!

Please Note: According to IRS regulations, 75% of the \$346.00 paid to NAHU is deductible as a normal business expense.