



**NATIONAL HEADQUARTERS**

249 Green Street  
Schenectady, NY 12305

**Phone: 800-637-3331**

Fax: 518-370-4129  
Fax: 888-568-3823

## **ELECTRONIC BILLING AUTHORIZATION**

I, on behalf of my company, authorize the United States Federation of Small Businesses, Inc. (USFSB) to send our Bill, each month, for Membership Dues, Health, Dental and/or Vision Insurance by E-Mail.

I authorize USFSB to use the following E-Mail Address\* for this purpose:

AUTHORIZED E-MAIL ADDRESS: \_\_\_\_\_

I understand and agree that all Payment Deadlines and all Billing rules and procedures, now in effect or that may be promulgated in the future including, but not limited to, Cancellation and Reinstatement of Insurance and the application of payments to outstanding Dues remain in effect.

I agree to immediately advise USFSB of any changes to my authorized E-Mail Address or of any failure to receive the Billing E-Mail\*\*

\_\_\_\_\_  
Signature: Authorized Representative

\_\_\_\_\_  
Print Name and Title