



WEA Pre-retired Dues

115 East 22nd Street, Cheyenne, WY 82001

FAX: 307-778-8161 Phone: 307-634-7991 ext. 102 Email: lbottom@wyoea.org

EFT Authorization Agreement for Prearranged Payment of Dues Form

NOTE: Pre-retired dues are only paid once in a lifetime!

Local: _____

Name: _____

Cell Phone: _____

Work Location: _____

Home Phone: _____

Member ID: _____

SSN: _____

Address: _____

Home Email: _____

City State Zip: _____

Membership Type/Fund/Obligations:

| Fund Name | Membership Type | Annual Dues |
|------------------|----------------------|-------------|
| NEA | Pre-retired - RT-9-7 | \$250.00 |
| WEA | Pre-retired - RT-9-7 | \$ 50.00 |
| Total Obligation | | \$300.00 |

- Total amount due can be divided into 2-6 payments, provided the total obligation is **paid in full no later than July 10th**.
- Month to begin withdrawals _____
(each withdrawal will occur on or about the 10th of the month).
- Number of monthly payments (circle one):

| | | | | |
|---|---|---|---|---|
| 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|

0123
01 23456789

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____

DATE _____

REF TO THE ORDER OF: _____ \$ _____

DOLLARS

BANK NAME _____
ADDRESS _____
CITY, STATE, ZIP _____

FOR _____

Ⓜ 0 1 2 3 4 5 6 7 8 9 Ⓜ 0 1 2 3 4 5 6 7 8 9 0 1 2 3 Ⓜ 0 1 2 3

Bank Routing Number Bank Account Number Check Number

I hereby authorize The Wyoming Education Association to initiate debit entries to my bank account indicated below and the bank named below, hereinafter called BANK, to debit the same to such account. I will not hold our BANK liable for any erroneous debits made by The Wyoming Education Association.

| Electronic Funds Transfer – Bank Draft Authorization | | | | | | | | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Bank Name | _____ | | | | | | | | | | | | | | | |
| Bank Routing Number (9 digit) | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |

Signature: _____ Date: _____

This authorization is to remain in full force and effect until BANK has received written notification from me (or either of us) of its termination in such time and in such manner as to afford BANK a reasonable opportunity to act on it. A customer has the right to have the amount of any erroneous debit immediately credited to his/her account by BANK up to fifteen (15) days following issuance of statement of account or forty-five (45) days after the charge, whichever occurs first.

This authorization will not be accepted unless a voided personal check is attached.