Wyoming Education Association

115 East 22nd Street, Cheyenne, WY 82001
FAX: 307-778-8161 **Phone:** 307-634-7991 ext. 102

EFT Authorization Agreement for Prearranged Payment of Dues Form

Membership Year: **2018-2019**

Local: _____

Name: _____ Cell Phone: _____

Work Location: _____ Home Phone: _____

Member ID: _____ SSN4: _____

Address: _____ Home Email: _____

City State Zip: _____

Membership Type/Fund/Obligations:

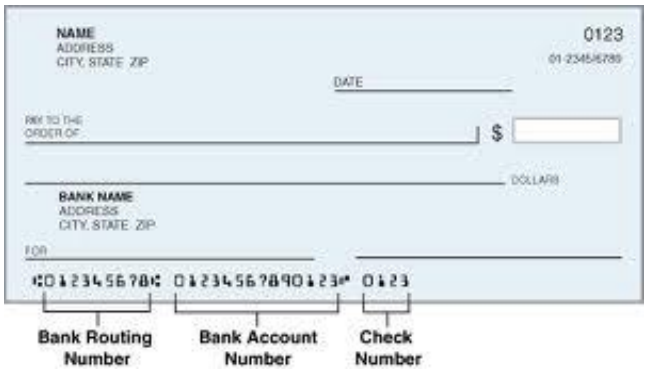
Fund Name	Membership Type	Annual Dues
NEA		
WEA		
LEA		
WEA-PACE		
Total Obligation		
Monthly Payment Amount		

Number of Monthly Payments: **10**

Starting: **10/10/2018** Ending: **07/10/2019**

Total obligation will need to be paid in full by July 10th.

Please note that the monthly payment amount will be charged to your checking or savings account on or about the 10th day of the month.



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)	
Bank Account Number:	

Signature: Date:

This authorization is to remain in full force and effect until BANK has received written notification from me 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.