WEA Pre-retired Dues

115 East 22nd Street, Suite 1, 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: _____
Address: _____ SSN4: _____
City State Zip: _____ Home Email: _____

OPTION 1: EFT

Membership Type/Fund/Obligations:

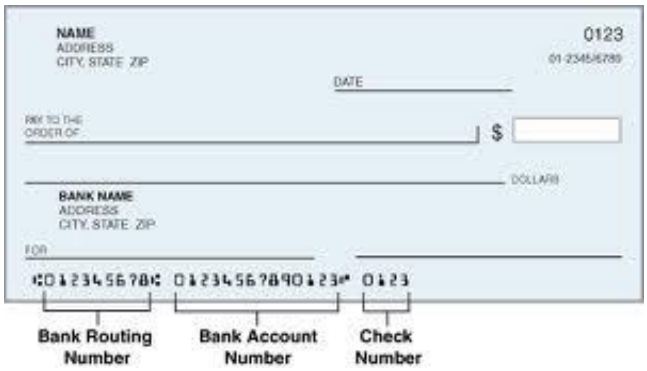
Fund Name	Membership Type	Annual Dues
NEA	**Pre-retired - RT-9-7**	**$250.00**
WEA	**Pre-retired - RT-9-7**	**$ 50.00**
LEA	**Pre-retired – RT-9-7**	**$50.00**
Total Obligation		**$350.00**

- **Total amount due can be divided into 2-6 payments, provided the total obligation is paid in full no later than July 10th.**
- **Deductions run from October through July of each membership year and each withdrawal will occur on or about the 10th of the month.**

Month to begin withdrawals _____

- **Number of monthly payments (circle one):**

2 3 4 5 6



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

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:	

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.

OPTION 2: CREDIT CARD

☐ I'm authorizing the payment of my pre-retired dues through my credit card

- Type of Credit Card: _____
- Credit Card Number: _____
- Expiration Date (MM/YYYY): _____
- 3-digit number on back of card: _____

Signature and Date are required for either option

Signature: Date: