



# Wyoming Education Association

115 East 22<sup>nd</sup> 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: 2019-2020

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: 10/10/2019 Ending: 07/10/2020

**Total obligation will need to be paid in full by July 10<sup>th</sup>.**

**Please note that the monthly payment amount will be charged to your checking or savings account on or about the 10<sup>th</sup> 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.**