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: _____

Name: _____ SSN4 (last four digits only): _____
Address: _____ Cell Phone: _____
City State Zip: _____ Home Email: _____
Work Location (building name): _____

OPTION 1: EFT

Membership Type/Fund/Obligations:

Fund Name	Membership Type	Annual Dues
NEA	**Pre-retired - RT-9-7**	**$300.00**
WEA	**Pre-retired - RT-9-7**	**$ 50.00**
LEA	**Pre-retired – RT-9-7**	**$ 50.00**
Total Obligation		**$400.00**

- **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.**

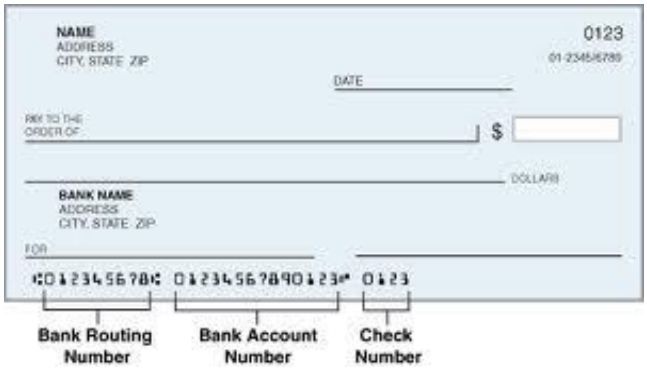
Month to begin withdrawals _____

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

2 3 4 5 6

Account pulling from:

☐ Checking or ☐ Savings



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:	

I understand that this authorization continues year-to-year and shall remain in effect until the earlier of: 1) my written notice of termination, or 2) the termination of my eligibility to maintain membership in the Association. I understand that the rejection of any charge shall not constitute the termination of my membership.

OPTION 2: CREDIT CARD – one-time payment only

☐ 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: