



Wyoming Education Association

115 East 22nd Street, Cheyenne, WY 82001

FAX: 307-778-8161 Phone: 307-634-7991 ext. 102

EFT Continuous Membership Authorization Agreement for Prearranged Payment of Dues Form

Membership Year: 2022-2023

Local Name: _____

Name: _____

SSN4 (last four digits only): _____

Address: _____

Cell Phone: _____

City State Zip: _____

Home Email: _____

Work Location (building name): _____

Membership Type/Fund/Obligations:

Fund Name	Membership Type	Annual Dues
NEA		
WEA		
LEA		
WEA-PACE		
NEA Fund for Children and Public Education		

Total Obligation

Monthly Payment Amount

Number of Monthly Payments: 10

Starting: 10/10/2022 Ending: 07/10/2023

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.

Account pulling from:

Checking or Savings

NAME ADDRESS CITY, STATE, ZIP 0123 01 23456789

DATE _____

PAY TO THE ORDER OF: _____ \$ _____ DOLLARS

BANK NAME ADDRESS CITY, STATE, ZIP

FOR

01 234 56789 01 234 567890 1234 01 23

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)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Bank Account Number:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Signature: _____ Date: _____

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.

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