



Wyoming Education Association

Attention: Linda Bottom
115 East 22nd Street
Cheyenne, WY 82001

Phone: 307.634.7991 or 800.442.2395

EFT Continuous Membership Authorization Agreement for Prearranged Payment of Dues Form
Membership Year: **2024-2025**

Attach when using a hard copy Membership Contract

Local Name: _____

Name: _____

SSN4 (last four digits only): _____

Address: _____

Cell Phone: _____

City State Zip: _____

Non-work Email: _____

Work Location (building name): _____

Membership Type/Fund/Obligations:

Account pulling from:

Checking or Savings

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: 10/2024 Ending: 07/2025		
Total obligation will need to be paid in full by July.		

NAME _____ 0123
ADDRESS _____
CITY, STATE, ZIP _____ 01 23456789

DATE _____

PAY TO THE ORDER OF: _____ \$ _____
DOLLARS

BANK NAME _____
ADDRESS _____
CITY, STATE, ZIP _____

FOR _____

⑆0⑆2345678⑆ 0⑆234567890⑆23⑆ 0⑆23

Bank Routing Number Bank Account Number Check Number

I'm authorizing the payment of my dues be initiated through my bank account.

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 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.