

MNEA-RETIRED

Electronic Fund Transfer Form

I (we) hereby authorize Missouri NEA to initiate entries to my (our) account indicated below and the bank named below, hereinafter called BANK, to debit the same to such account. I (we) will not hold our BANK liable for any erroneous debits made by Missouri NEA.

Bank name (Please print clearly)

Street/P.O. BOX (we MUST have this address) City State Zip

Bank Transit number _____

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 stop payment of a debit entry by notification to BANK prior to charging account. After account has been charged, a customer has the right to have the amount of the 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.

Name as it appears on account

Social Security Number _____

_____ Date

Signature

Total obligation: **\$450.00**

Monthly payment amount: **\$ 37.50** for 12 months*

MNEA PAC Contribution: **\$ 1.00 /month**** _____ (Initials)

*** Voluntary Contribution – you must initial to participate in MNEA's Political Action program, which is used to elect pro-public education candidates and protect the PSRS-PEERS Retirement System.*

***To pay \$37.50 per month, your form must be received by August 1st for the first payment to be deducted in September.**

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