Missouri NEA - NEA - Local Association





MEMBER CONTACT INFORM	ATION
Name:	Local Assoc/School District:
Address:	Work Location:
City, State, Zip:	Member ID:
Home/Cell Phone*:	Home E-mail:
Work Phone*:	Work E-mail:
BANK DRAFT AUTHOR	RIZATION Attach a voided check or complete form below.
	ate debit entries to my (our) account indicated below and the bank named below, hereinafter unt. I (we) will not hold our BANK liable for any erroneous debits made by Missouri NEA.
Bank Name	Bank Address
City	State Zip
Bank Transit Number (first set of numbers)	: Account Number :
manner as to afford BANK a reasonable opp account. After account has been charged, a	and effect until BANK has received written notification from me (or either of us) of its termination in such time and in such cortunity to act on it. A customer has the right to stop payment of a debit entry by notification to BANK prior to charging customer has the right to have the amount of the erroneous debit immediately credited to his account by BANK up to fifteen account or forty-five (45) days after the charge, whichever occurs first.
Signed	Date
	to your checking account. You will be mailed a payment schedule that details the deduction amount and payment dates. be after Sept. 1, and your local association will determine the payment date and number of payments.
CREDIT CARD AUTHORIZATION (NO DEBIT CARDS)	Name (as it appears on card)
	Credit Card NumberPay in Full
	Exp. Date (MM/YYYY) / CSC (last 3 numbers on back)Monthly Payments

MAIL TO YOUR NEAREST MNEA REGIONAL OFFICE OR MNEA HEADQUARTERS.

Headquarters: 1810 E Elm Street, Jefferson City, MO 65101

Kansas City: 4224 South Hocker Drive, Ste 200, Independence, MO 64055

Springfield: 1525-B West Sunshine, Springfield, MO 65807 **St. Charles County**: 1011 Peruque Crossing Ct, O'Fallon, MO 63366

St. Louis: 955 Gardenview Office Parkway, St. Louis MO 63141

Questions? Call 1-800-392-0236.