

TAKE CONTROL SAFEGUARD YOUR MEMBERSHIP

Protect your membership and privacy by switching your dues payment to bank draft or credit card.

Missouri National Education Association • www.mnea.org

First Name _____ MI _____ Last Name _____
 D.O.B. (MM / DD / YYYY) _____ Job Title _____
 Worksite (Building) _____ Employer _____
 Local Association _____
 () - _____
 Mobile Phone _____
 Personal Email _____

Mobile Alert Authorization
 By providing my mobile number, I authorize text messages and/or automated calling on a periodic basis. Carrier message and data rates apply. Neither NEA, MNEA, NEA 360, NEA Member Benefits, or my local affiliate will ever charge for text message alerts.

Home Address _____ Apt _____
 City _____ State _____ Zip Code _____

In signing, I grant my permission for continuous payments of my membership dues at the annual rate established by NEA, MNEA, and my local association, as well as my contribution for the Missouri NEA Ballot Issue Crisis Fund as determined annually by the MNEA Representative Assembly (currently \$13). In addition, I commit to a continuous contribution (split 50/50 between my local's political action fund and MNEA's political action fund) in the amount of \$12 annually unless I write in a different annual amount here \$_____. I understand that my commitment to the withdrawals noted herein will continue until I cancel membership and have met my dues obligation for the membership year.

Signature _____ Date _____

Select Payment Method

BANK DRAFT AUTHORIZATION Attach a voided check or complete form below.

I (we) hereby authorize Missouri NEA to initiate debit 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 _____ Bank Address _____
 City _____ State _____ Zip _____
 Bank Transit Number (first set of numbers) :| _____ :| 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 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 the account) _____
 Signed _____ Date _____

*Starting date will be after Sept. 1, and your local association will determine the payment date and number of payments. The payment amount will be charged to your checking account. You will be mailed a payment schedule that details the deduction amount and payment dates.

CREDIT CARD MONTHLY WITHDRAW Monthly beginning Oct. 5 and ending July 5



NO DEBIT CARDS

Name (as it appears on card) _____
 Credit Card Number _____
 Exp. Date (MM/YYYY) ____ / ____ CSC (last 3 numbers on back) _____

Dues payments are not deductible as charitable contributions for federal income tax purposes. Dues payments (or a portion thereof) may be deductible as a miscellaneous itemized deduction.

