

Little Rock Education Association  
Electronic Funds Transfer Authorization

I hereby authorize the Little Rock Education Association to draft from the bank account(s) listed below the amount of my bi-weekly dues on the 15<sup>th</sup> and 30<sup>th</sup> of every month. I have attached a voided check or deposit slip for the account specified below. This authorization is to remain in force until the Little Rock Education Association has received written authorization from me of its termination or change based on my membership.

Also, I grant the Little Rock Education Association the right to correct any Electronic Funds Transfer resulting from an erroneous overpayment or underpayment by crediting and/or debiting my account to the extent of such overpayment or underpayment.

Name: \_\_\_\_\_

Last 4 Digits of SSN: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

School Site: \_\_\_\_\_

Prof. Certified FT:       ESP FT:       ESP PT:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Membership Status: (Circle One)  Existing Member       New Member

Account #1      Checking       Savings       (Check only one)

Financial Institution: \_\_\_\_\_

Routing Number \_\_\_\_\_

Personal Account Number: \_\_\_\_\_

Company Use Only: Effective Date \_\_\_\_\_ Deduction Amt: \_\_\_\_\_

Position Code: \_\_\_\_\_