

# NATIONAL EDUCATION ASSOCIATION - NEW MEXICO

## Authorization Agreement for Prearranged Payment of Dues

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

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Bank Transit No. 

1	2	3	4	5	6	7	8	9	0	1	2
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 Account No. \_\_\_\_\_

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 \_\_\_\_\_ Social Security No. \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

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### Current Year Information

Address \_\_\_\_\_ Local Name \_\_\_\_\_

\_\_\_\_\_ Local Number \_\_\_\_\_

Telephone No. \_\_\_\_\_

Total Obligation \$ \_\_\_\_\_

Starting Date\* \_\_\_\_\_ /10/ \_\_\_\_\_

Monthly Payment Amount \$ \_\_\_\_\_

\*Please note that the monthly payment amount will be charged to your checking account on or around the 10th day of the month.

Number of Monthly Payments \_\_\_\_\_

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

**ATTACH VOIDED CHECK HERE**