

DETACH AND KEEP THIS HALF

On _____, I authorized the NDEA Dues
(DATE)

Credit Trust to initiate electronic entries to my checking/
savings account and agreed to the terms listed on this
authorization form. The electronic fund transfers will take
place on the first business day of each month. The number of
transfers is determined by my own agreement with the Dues
Credit Trust.

Monthly investment amount: \$ _____

Transfers start on _____

And continue through _____

AUTHORIZATION FOR AUTOMATIC PAYMENT

I authorize the NDEA Dues Credit Trust and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution three (3) days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my statement or 60 days after posting, whichever occurs first.

(NAME OF FINANCIAL INSTITUTION)

(ADDRESS OF FINANCIAL INSTITUTION) (CITY) (STATE) (ZIP CODE)

(SIGNATURE)

(NAME - PLEASE PRINT)

(ADDRESS- PLEASE PRINT)

Checking Account No. _____

(OR) Savings Account No. _____

Financial Institution Routing No. _____

(between these symbols **■** **:** **■** on the bottom left of your check)

●
↑
STAPLE VOIDED CHECK HERE