

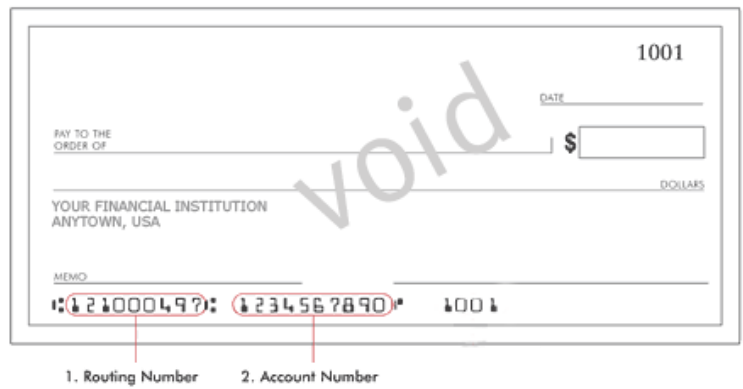
Authorization for Electronic Funds Transfer

I hereby authorize the Idaho Education Association ("IEA") to initiate debit entries to my checking account indicated below and the bank named below, hereinafter called BANK, to debit the same to such account. I will not hold my BANK liable for any erroneous debits made by IEA.

This authorization is to remain in full force unless and until I make a written request to the local association president prior to the date established by the local association which can be no later than October 15 of any year to revoke continuing membership, and until the BANK has received notification from me of its termination after that date in such time and in such manner as to afford BANK a reasonable opportunity to act on it. After an account has been charged, a customer has the right to have the amount of the erroneous debit immediately credit to his/her account by BANK up to fifteen (15) days following issuance of statement of account for forty-five (45) days after the charge, whichever occurs first.

Bank Draft Information

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



Your Name:																		
Your Local:																		
Bank Name:																		
Bank Routing Number (9 digit):	<table border="1" style="width:100%; height:20px;"> <tr> <td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td> </tr> </table>																	
Bank Account Number:	<table border="1" style="width:100%; height:20px;"> <tr> <td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td> </tr> </table>																	
Total Annual Dues: \$ _____	# of Deductions: _____	Monthly Deduction Amount: \$ _____																
Signature:			Date:															

Please note that payments will be charged the 28th of each month to your authorized bank account beginning in September (or the month you enroll) and will continue to be taken in equal payments through August. Should a monthly payment fail for any reason, the missed payment must be mailed directly to the IEA within 2 weeks or the balance, including the missed draft, will be spread over the remaining months. If a monthly payment should fail twice within the same membership year, your membership privileges will be suspended until all dues are brought current and you will no longer be eligible for EFT payment of dues for the remainder of the year.