ISEA Iowa State Education Association

Electronic Funds Transfer Bank Draft Authorization Form

Name: _____

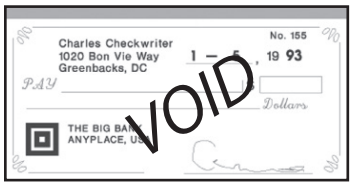
Local Association: _____

Cell phone: _____

Home email: _____

Enter bank information OR attach voided check:

To pay by credit card with a one-time payment on October 15th please call ISEA 1-800-445-9358.



Account type ☐ **Checking** ☐ **Savings**

Bank name _____

Bank routing number (9-digit)																
Bank account number																

☐ **I authorize ISEA to withdrawal and collect dues through Electronic Funds Transfer (EFT) for the current membership year and each membership year thereafter.**

Select one EFT option:

Monthly *(10 payments starting October, ending in July)*

- ☐ **1st of each month**
- ☐ **15th of each month**
- ☐ **20th of each month**

Bi-Monthly *(20 payments starting October, ending in July)*

- ☐ **1st & 15th of each month**
- ☐ **5th & 20th of each month**

Signature: _____ **Date:** _____