

# NEA-New Hampshire Payment Authorization Form

This form must accompany the membership form for the enrollment process to be completed if paying by EFT or Credit Card.

Local Association Name: \_\_\_\_\_

I \_\_\_\_\_ authorize NEA-New Hampshire to initiate credit or debit entries to my account with the financial institution named below. This is to remain in full force and effect until the NEA-New Hampshire or its designated local has received written notification of termination in such time and in such manner as to afford the NEA-New Hampshire or its designated local a reasonable opportunity to act on it.

## EFT – Electronic Funds Transfer Information

I agree to enroll online when I receive my membership identification number via email from NEA-New Hampshire.

I authorize NEA-New Hampshire to enroll on my behalf using the information provided below.

## Credit Card (online credit card option will be available through November 30)

I agree to enroll online when I receive my membership identification number via email from NEA-New Hampshire.

I authorize NEA-New Hampshire to enroll on my behalf using the information provided below.

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

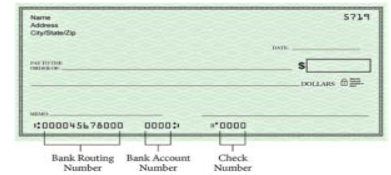
## Electronic Funds Transfer Information

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

Account Type: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Bank Routing # (9 digits) \_\_\_\_\_

Bank Account #: \_\_\_\_\_



Please attach a voided check for checking account. (No deposit slips)

NEA (National) Dues: \_\_\_\_\_

NEA-New Hampshire (State) Dues: \_\_\_\_\_

Total: \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

## Credit Card Information

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ CVV: \_\_\_\_\_ MC \_\_\_\_\_ VISA \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

(as it appears on credit card statement)

NEA (National) Dues: \_\_\_\_\_

NEA-New Hampshire (State) Dues: \_\_\_\_\_

Total: \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_