

Continuous Electronic Fund Transfer Authorization Form

Member Name _____

Address _____

City, State, Zip _____

Telephone Number _____

E-Mail Address _____

Social Security Number _____

Occupation _____

Employed By _____

Local Association/District _____

I authorize Georgia Association of Educators Fund for Public Education (GAE-FPE) to initiate debit entries to my bank account, to debit the same to such account for the purpose of making a contribution to GAE-FPE. I will not hold my BANK liable for any erroneous debits made by GAE-FPE. My BANK shall deduct from my designated account and pay such amounts to GAE-FPE pursuant to this authorization.

This authorization will remain in full force and effect until BANK and GAE-FPE receive written notification from me of its termination in such time and manner as to afford BANK and GAE-FPE a reasonable opportunity to act on it. I may stop payment of a debit entry by notifying BANK prior to charging my account. After my account has been charged, I have the right to have the amount of erroneous debit immediately credited to my account up to 15 days following issuance of Statement of Account or 45 days after the charge, whichever comes first. I further understand that if I stop payment of any debit to this Authorization, then my voluntary contribution to GAE-FPE will cease without notification. **Monthly payment is deducted around the 10th of each month.**

I understand that a contribution to GAE-FPE is voluntary and is not a condition of membership in NEA/GAE/LEA.

Bank Name	
Bank Routing Number (ABA)	
Bank Account Number	
Monthly Payment Amount	
Month and Year Payment is to begin	

Scan a voided check with this authorization form, and email to gr@gae.org.

Begin in November 2020

Platinum Club - \$200 per year Diamond Club - \$100 per year

Gold Club - \$60 per year

Signature (Required) _____

Date _____