AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENT OF LIFETIME RETIRED MEMBERSHIP DUES (10-11)

MEA-MFT, 1232 E 6th Street, Helena, MT 59601

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)

I (we) hereby authorize MEA-MFT to initiate debit entries to my (our) checking account indicated below and the bank named below, hereinafter called BANK, to debit the same to such account. I (we) will not hold our BANK liable for any erroneous debits made by the MEA-MFT.

NAME OF BANK CUSTOMER (EXACTLY AS CHECKS ARE SIGNED)	YOUR ACCOUNT NUMBER
FULL NAME OF BANK	BANK ROUTING NUMBER (9 DIGITS)
BANK ADDRESS, CITY, STATE, AND ZIP CODE	

This authorization is to remain in full force and effect until MEA-MFT and BANK have received payment in full on the amount agreed upon below. Should this agreement not be fulfilled to completion MEA-MFT has the right to terminate the Lifetime Retired membership without further notice. All amounts paid are non-refundable and non-transferable.

DATE COMPLETED	SIGN AS YOU SIGN YOUR CHECKS	SOCIAL SECURITY NUMBER

CURRENT YEAR INFORMATION

ADDRESS_____ LOCAL NAME_____

_____/ _____ LOCAL # _____
ZIP

TEL.EPHONE NO. (____) _____ HOME EMAIL _____

Total Obligation $ $420.00

Monthly Payment Amount $_____ **Please note - Deductions will be made on the 10TH day of each month.**

Number of monthly payments _____
Maximum 10 months (all payments must be received within one MEA-MFT fiscal year 9/1 thru 8/31)

ATTACH VOIDED CHECK HERE - This authorization will not be accepted unless a voided personal check is attached.