

**AUTHORIZATION AGREEMENT FOR PREARRANGED EFT PAYMENT OF CONTRIBUTIONS TO
KPAC (KANSAS NEA POLITICAL ACTION COMMITTEE)**

I hereby authorize Kansas National Education Association 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 BANK liable for any erroneous debits made by the KNEA.

PRINT NAME OF BANK CUSTOMER (exactly as checks are signed)	YOUR ACCOUNT NUMBER
FULL NAME OF BANK	BANK ROUTING NUMBER
BANK ADDRESS	BANK city, state, zip

This authorization is to remain in full force and effect until KNEA and BANK have received written notification from me of its termination in such time and in such manner as to afford KNEA and BANK a reasonable opportunity to act on it. I have the right to stop payment of a debit entry by notification to BANK at such time as to afford BANK a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by BANK, provided I send written notice of such debit entry in error to BANK within 15 working days following issuance of the account statement or 45 days after posting, whichever occurs first.

The Kansas NEA Political Action Committee (KPAC) collects voluntary contributions from Association members and uses those contributions for political purposes, including, but not limited to, making contributions to and expenditures on behalf of friends of public education who are candidates for state office. Contributions to the Kansas NEA Political Action Committee are voluntary, making a contribution is neither a condition of employment nor membership in the Association.

Contributions or gifts to the Kansas NEA Political Action Committee are not deductible for Federal or State income tax purposes. State law requires us to use our best efforts to collect and report the name, mailing address, and the name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year.

DATE COMPLETED	SIGN AS YOU SIGN YOUR CHECKS	XXX-XX-_____ LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
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Your Current Year Information

Address _____ Local Name _____

Local ID # _____

Home/Cell telephone no. _____ Home email _____
Area Code

Monthly Payment Amount \$ _____ Number of monthly payments will be 12 starting SEPTEMBER of each year.

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

ATTACH VOIDED CHECK HERE
(NOT deposit slip)