AUTHORIZATION AGREEMENT FOR AUTOMATED WITHDRAWALS (ACH DEBITS)

Send this form with a completed application to:
Professional Educators of Tennessee, 810 Crescent Centre Dr. STE 130, Franklin, TN 37067

PROFESSIONAL **E**DUCATORS OF **T**ENNESSEE (615) 778-0803
MAURY EDUCATORS CREDIT UNION ID NUMBER 264178671

I hereby authorize MAURY EDUCATORS' CREDIT UNION to initiate debit entries to my ( ) Checking ( ) Savings account (select one) indicated below at the depository named below, hereinafter called Depository, to credit the same to the PROFESSIONAL EDUCATORS OF TENNESSEE account for payment of membership dues. In the event of an error, I give my permission for the correcting debit/credit entry to be made.

DEPOSITORY NAME _____
name of bank or credit union

CITY _____ STATE _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

MONTHLY AMOUNT: check one option

❑ PET $30 ❑ PET + AAE $33

FREQUENCY _____five consecutive months__

BEGINNING DATE _The 15th of: __August__ September__ October_ ____ _20___
day circle one month year

❑ Authorized for this membership year only.

❑ Continue each membership year until cancelled.

This authorization is to remain in full force and effect until Professional Educators of Tennessee has received written notice from me of at least 45 days prior to its termination. If terminated before full dues for the membership year are deducted, the member may still pay the remaining dues by check, money order or credit card or membership will be terminated at the date of the first missed deduction.

Print Name _____

Signed _____ Date _____

ATTACH VOIDED CHECK HERE