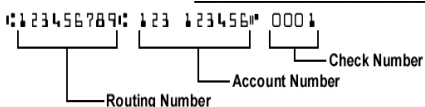


AUTHORIZATION FORM

Classroom Teachers Association

ES17920

FOR OFFICE USE ONLY	CUSTOMER #	DATE
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Effective date of authorization: _____		
Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information		
Last Name	First Name	
Address		
City	State	Zip
Please debit payments from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____  <p>The diagram shows a routing and account number format: ⑆ 23456789 ⑆ 23 ⑆ 23456 ⑆ 000 ⑆. Brackets below indicate that the first 9 digits are the Routing Number, the next 4 digits are the Account Number, and the last 4 digits are the Check Number.</p>	
Date of first payment: ____/____/____	Frequency of payment: <input type="checkbox"/> Monthly on the 1 st	Amount of payment: \$ _____
AGREEMENT I authorize the above company to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Authorized Signature: _____ Date: _____		

Please attach voided check here.