

MFPE PAC

AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENT OF PAC CONTRIBUTION

1232 East 6th Avenue, Helena, MT 59601



Authorization Agreement for Electronic Funds Transfer (EFT)

I (we) hereby authorize MFPE 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 MFPE.

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, Zip	

Date completed	Sign as you sign your checks
----------------	------------------------------

Member Information

Address	Local Name
City, ST, Zip	Local #
Home/Cell Phone	Home Email

MFPE PAC* \$_____ per month (\$4 suggested)

NEA FCPE/AFT COPE** \$_____ per month (\$2 suggested)

Deductions will be made on the 10th day of each month

This authorization is to remain in full force and effect until cancellation by either the bank customer, MFPE, or both. All amounts paid are non-refundable and non-transferable.

Attach voided check here: This authorization will not be accepted unless a voided personal check is attached



*Together we can build
a brighter Montana future!*

* MFPE PAC: Political Action Committee

** NEA FCPE: Friends of Children & Public Education and
AFT COPE: Committee on Political Education