

Collier County

Education Association



Last Name First Name Middle Initial

Mailing Address: _____

School/Worksite: _____ ID Number: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Home email address: _____

I authorize the Collier County Education Association (CCEA) to initiate the scheduled membership payment each payroll period while school is in session between August and June to coincide with CCPS payroll dates in the amount as annually certified by said Association. If the payment date falls on a date that the bank does not process payments, the payment will be deducted on the next day that the bank does process payment. I agree to maintain sufficient funds in my deposit account to permit the automatic transfer described above.

Account Name (if different than above): _____

Financial Institution Name: _____

Bank Routing Number: _____

Account Number: _____

This authorization shall remain in full force and effect for all purposes while I am employed by this school district or until revoked by me upon thirty (30) days advance written notice to the CCEA. The annual dues payments to the CCEA may be deductible as a miscellaneous deduction for federal income tax purposes.

Employee Signature: _____ Date: _____

Recruiter Signature: _____ Date: _____