

Name: _____

Local Association: _____

Cell phone: _____

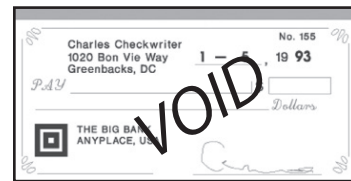
Home email: _____

Enter bank information OR attach voided check:

Account type

Checking

Savings



Bank name

Bank routing
number (9-digit)

--	--	--	--	--	--	--	--	--	--

Bank account
number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I authorize ISEA to withdrawal and collect dues through Electronic Funds Transfer (EFT) for the current membership year and each membership year thereafter.

Select one EFT option:

Monthly (10 payments starting October, ending in July)

- 1st of each month
- 15th of each month
- 20th of each month

Bi-Monthly (20 payments starting October, ending in July)

- 1st & 15th of each month
- 5th & 20th of each month

Signature: _____

Date: _____

