



OEA FUND FOR CHILDREN AND PUBLIC EDUCATION
NEA FUND FOR CHILDREN AND PUBLIC EDUCATION

Date: _____

Zone: _____

Local Association: _____

Employer Name: _____

Name: _____

SSN: _____

Address: _____

City, State, Zip: _____

Home Email: _____

Home Phone: _____

*Cell Phone: _____

My contributions (mark appropriate box)

OEA FCPE \$ _____

NEA FCPE \$ _____

TOTAL** \$ _____

**To change the contribution amount or discontinue the contribution, contact OEA at 1.800.522.8091.

*I would like to receive text alerts. Yes

Method of payment: (Mark appropriate box) ***EFT Cash/Check Payroll Deduction
 (EFT and Payroll deduction contributions shall be deducted in equal installments on a monthly basis)
 ***if you choose EFT – please attach VOIDED check or complete information below.

Electronic Funds Transfer – Bank Draft Authorization																
Bank Name	_____															
Bank Routing Number (9 digit)	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>															
Bank Account Number:	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>															
Signature:	Date: _____															

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