



ELECTRONIC FUNDS TRANSFER FORM

MEMBERSHIP INFORMATION

Last Name		SEANC Member ID (optional)
Full First Name, Middle Initial		Work Location
Phone Number (Required)		Email Address (Required)
Street/P.O. Box/Apt. Number		
City/Town	State	Zip Code

EFT BANK DRAFT



Name of Bank	
9-digit Routing Number	Checking Account Number

I, the undersigned, hereby authorize SEANC to deduct membership dues and payments for previously agreed upon insurance programs and other items as noted on this page from my checking account on a monthly basis, in such amounts as are currently established pursuant to the SEANC Bylaws, or in such adjusted amounts as may be approved by the membership subsequent to the date of this authorization. I further hereby authorize SEANC to deduct voluntary EMPAC contributions in the amount designated from my checking account on a monthly basis for transmittal to SEANC in a lump sum with my SEANC dues. These authorizations shall continue until canceled by me by written notice to the SEANC Central Office. The payments so deducted are non-refundable. SEANC membership dues and contributions to EMPAC are not deductible as charitable contributions for federal or North Carolina income tax purposes.

I understand that: 1) I am not required to make contributions to EMPAC as a condition of my employment by my employer or membership in SEANC; 2) I may refuse to contribute without any reprisal; 3) only members and executive/administrative staff who are U. S. citizens or lawful permanent residents are eligible to contribute; 4) I may contribute more or less by this or some other means without fear of favor or disadvantage from SEANC or my employer; 5) SEANC and SEIU use the money they receive for political purposes, including, but not limited to, addressing issues of political or public importance and contributing to and spending money in connection with federal, state and local elections.

Signature	Date
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- Please deduct funds from my bank account for the following items:**
- Membership Dues
 - EMPAC Donation (Amount \$ _____)
 - Purchasing Power
 - Hyatt Legal Plan
- Insurance Programs**
- Term Life (Boston Mutual)
 - Accidental Death & Dismemberment (Cigna)
 - Dental (MetLife)
 - Auto/Home/Renters (Liberty Mutual/MetLife/Travelers)
 - Long-Term Care (Southeastern Senior Strategies)
 - Vision (Spectera)
 - Group Accident (AFLAC)
 - Group Critical Illness (AFLAC)
 - Group Disability (AFLAC)
 - Group Hospital Indemnity (AFLAC)
 - Group Whole Life (AFLAC)
 - Accident (Colonial)
 - Cancer (Colonial)
 - Critical Illness (Colonial)
 - Disability (Colonial)
 - Hospital Confinement "Medical Bridge" (Colonial)
 - Universal Life 1000 (Colonial)
 - Whole Life "Life Bridge" (Colonial)
 - Identity Theft (InfoArmor)
 - Pet (Nationwide, formerly VPI)