

# PAYROLL DEDUCTION AUTHORIZATION FORM

Arizona Education Association • National Education Association  
345 East Palm Lane, Phoenix, AZ 85004-1532  
602-264-1774 • 800-352-5411 • www.arizonaaea.org



Name

First

M.I.

Last

Address

City

State

ZIP

Cell Phone

Home Email

Last four of SSN

Signature

Date

I hereby authorize my Employer to deduct from my payroll the appropriate amount as revised annually to pay for my membership in my professional association. I understand my membership will be automatically renewed each year and the appropriate amount will be deducted beginning in September of each membership year. I also understand that I may revoke this authorization for the next year by giving written notice to both AEA and my employer on or before September 1 of any year.

## OFFICE USE ONLY

Total Deduction Amount \_\_\_\_\_ Number of Deductions \_\_\_\_\_

Date to Begin Deductions \_\_\_\_\_ Each Deduction Amount \_\_\_\_\_

REV. 12/13

PAYROLL COPY