

PAYROLL DEDUCTION AUTHORIZATION

for payment of FCSTAT professional organization dues

Please read this form before applying for payroll deduction.

I, _____, hereby voluntarily authorize and request
Name

that, _____ remit my monthly dues to the
School District

Family and Consumer Sciences Teachers Association of Texas. *

Signature _____ Date _____

School _____ Social Security Number _____

Indicate number of payments and amount to be deducted each pay period. **1 or up to 8** payments may be made and should be completed by June 15th of the corresponding membership year. Note, however, that **payments will be made in accordance with your School District Policy.**

Please deduct _____ payments (no more than 8) at \$ _____ each for a total of \$ _____
Do not include Liability Insurance Premium. Please pay with separate cash, check or MasterCard/VISA.

School District _____

Address _____ City _____ Zip _____

Contact Person in the Payroll Department _____

Phone Number _____ E-Mail: _____

Important: When you sign up for Payroll Deduction, your FCSTAT membership is automatically renewed each year. The amount of dues for that year is sent in writing to your payroll office from FCSTAT. **If you do not want auto renewal and payroll deduction to continue each year, a written request from you must be sent to your payroll office to discontinue.** This is standard policy with most school districts.

**** If my school district will not participate in Payroll Deduction, I agree to have my dues charged to my credit card with 1 or up to 8 equal payments.***

Please charge _____ payments (no more than 8) @ \$ _____ for a total of \$ _____

Mastercard or Visa Account # _____ Expiration _____

Please Print Name on Credit Card _____

Signature _____

Family and Consumer Sciences Teachers Association of Texas

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