

PAYROLL DEDUCTION AUTHORIZATION

for payment of FCSTAT professional organization dues

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 \$ _____

\$31 Liability Insurance Premium must be paid in full on join date using cash, check or MasterCard/VISA.

School District _____

Address _____ City _____ Zip _____

Authorized Signature/Contact Person in the Payroll Department

_____ Phone Number _____ Ext # _____

IMPORTANT: You must submit the request for Payroll Deduction to your district in person OR sign this authorization form and FCSTAT will submit it with your membership application. Membership is automatically renewed and payments will continue from year to year until you request cancellation in person with your district.

* 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. I will be notified should this be necessary.

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

MasterCard or VISA account # _____ Expiration _____

Please Print Name of Credit Card Holder _____

Signature _____

Family and Consumer Sciences Teachers Association of Texas

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