

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 dues according to the
School District

number of payments indicated to the 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. Pay with separate cash, check or MasterCard/VISA/Discover

School District _____

Address _____ City _____ Zip _____

Contact Person in the Payroll Department _____

Phone Number _____ E-Mail: _____

Important: This authorization will continue in effect until the annual amount is paid and will automatically renew each school year unless written notice is sent to your district payroll office and to FCSTAT. A written request from YOU must be sent to your district's payroll office to discontinue auto renewal. 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
5524 Bee Caves Road, Suite H-1 • West Lake Hills, Texas 78746-5246
512-794-8370 • Fax: 512-794-9080 • E-mail: fcstat@fcstat.org