





2023-2024 Pre-Retired ESP Life Membership Enrollment Form OEA-R/NEA-R

This form is for active OEA members who wish to purchase a life-time membership in OEA-R and NEA-R prior to actual retirement. Use this form for recurring electronic payments to OEA for the specified membership year. Please complete the entire form as all information is required in order to participate in this payment plan. Please retain a copy for your records and return the original via US Mail to: Ohio Education Association, 225 East Broad St., Columbus, OH 43216: Attn Membership Department.

Member ID Number (from card or magazine) 00	0			or Last 4 digits of SSN
Name (Please print name as it appears on card/l	oank acct)			
Street Address				
City	_ State	Zip Code _		
Current Employer				
Primary Phone (with area code)			_Anticipated Retirem	ent Date
E-Mail Address (non-work)			_	
Payment Option (Please choose one):				
Credit Card Payment: Payments will process on be made on the next available business day.) The informal please contact OEA at 1-844-632-4636 Monday – Friday	mation below is a	ssumed to be the		
Type of Card: (Visa, Master Card, American Express, Dis	cover)			
Account Number:		Expiration Dat	e:	
Bank Account Payment: Payments will process will be made on the next available business day.) The ir case, please contact OEA at 1-844-632-4636 Monday –	nformation below Friday, 8:30 AM -	is assumed to be – 5:00 PM.		
Type of Bank Account: (Checking or Savings):				
Bank Routing number:	Ba	ank Account Num	ber:	
(Please contact your bank for correct routing number a	nd confirm your b	bank accepts ACH	transactions)	
PROGRAM DETAILS:				
• Transactions process from a bank account or credit card on the transaction will occur on the next available business day.	e 15th of each mon	th for a total of 17 t	ransactions beginning April	2023. Should the 15th fall on a weekend or Holiday
\bullet The member's total dues obligation is divided by the total nur	nber of transactions	s and the resulting a	mount is deducted from the	chosen account on each transaction date.
• Transactions not completed due to Non-Sufficient Funds will r tion fail for any other reason the member must contact OEA t				
 By enrolling in the payment plan the member authorizes the dues obligation requires full payment completed by end of the ber. 				
• Upon completion of the initial enrollment process the member their records.	er will receive an em	nail confirmation of	the enrollment information.	The member should retain this information for
• The individual member will receive email notifications any time	ne a transaction fails	s for any reason.		
• To make any account changes or necessary edits, please conta	act InfOEA at 1-844-	-632-4636.		
By signing below, I authorize the monthly payment	transactions fro	m the account p	rovided, agree to the n	program details and accept accountability for

Signature ______ Date _____

actions begin immediately upon OEA's processing of this form for a total obligation amount of \$255.00.

the full unified OEA/NEA Pre-Retired dues obligation currently in effect at the time of signing. The OEA/NEA Pre-Retired dues obligation is transacted via monthly transactions beginning April 2023 and ending August 2024 for a maximum of 17 payment transactions. The number of payment transactions available will be determined by the date of processing the enrollment form. It is possible an individual will have fewer than 17 total transactions depending upon the date of enrollment. All rejected or failed transactions are part of the total dues obligation of the member. I understand that the trans-