

The South Carolina Education Association

Change Form

Please use this form to make **corrections and/or changes only**

Mailing address: The SCEA, 421 Zimalcrest Drive, Columbia, SC 29210 Attention: **Membership**
Fax # 803-772-0922 or 803-551-4143

PLEASE PRINT CLEARLY

My name is _____

Change my name to _____

New Home Address _____

New Phone number _____ New Home e-mail _____

LOCAL & SCHOOL CHANGE:

New Local _____ New School _____

New School e-mail _____

CHANGE PAY METHOD TO: (check one)

Cash _____ **Personal Check** _____ **Money Order** _____ (full payment only)

Visa (debit/credit) _____ **MasterCard** _____ (full payment or monthly payments accepted)

Cardholder Name _____ Expiration date: _____

Account Number _____ 3 digit code _____

Number of drafts from credit card _____ (**maximum of 12 drafts allowed**)

To begin in the month of _____ (September is the first month for Credit Card drafts)

and end in the month of _____ (August is the last month for Credit Card drafts)

EFT _____ (**attach a voided check for this pay method**)

Number of drafts from checking account _____ (**maximum of 12 drafts allowed**)

to begin in the month of _____ (September is the first month for EFT drafts) and end in

the month of _____ (August is the last month for EFT drafts)

Signature: _____ **Date:** _____