

# WELCOME TO WSAA!!

Thank you for wanting to join the Wisconsin State Attorneys Association!! Joining is easy. Just fill out the form on page 2 that allows electronic transfer of dues payments (\$52 per quarter) or contact our treasurer John Gelhard (JohnGelhard@sbcglobal.com) to make other arrangements.

We also have an email list for sending out union information. The state does not want us using the state email system for union business, so we also need to get your home email (or, if you don't have home email, your work one). You can give that to John or Joyce Dingman, our webmaster and list keeper (incogjism@yahoo.com).

If you have questions about the union, please feel free to contact one of our Board members:

President: Cathy Lake (DWD). E: cathy.lake@att.net P: (608) 267-5281

Vice President: Nancy Wettersten (DCF) E: nwettersten@gmail.com P: (608) 266-8695

Treasurer: John Gelhard (DWD). E: JohnGelhard@sbcglobal.net

Secretary: Jim Polewski (DSPS). E: j.polewski@charter.net

Kate Lloyd (DOJ). E: katedesmondllloyd@gmail.com P: (608) 266-7323

Bill Gansner (DOJ) E:

Alex Mahfood (DOT) E: agmahfood@gmail.com

And, again, welcome!!!

**Wisconsin State Attorneys Association (WSAA)  
Automated Clearing House (ACH) Agreement**

Authorization for Electronic Funds Transfer

I hereby authorize the Wisconsin State Attorneys' Association (WSAA) to withdraw funds for payment of WSAA dues through automatic bank withdrawals. The WSAA is authorized to debit the following account to pay my WSAA dues. **It is expected that deductions will be made four times per year: January 1, April 1, July 1, and October 1. The minimum deduction per quarter will be \$52. The maximum annual deduction will be \$208. The quarterly deduction may differ from the \$52 figure if adjustments must be made to comport with the current \$8 per paycheck deduction. This authorization will remain in effect in the event of a dues increase pursuant to Article VII of the bylaws.**

**BANK ACCOUNT INFORMATION**

NAME OF BANK: \_\_\_\_\_

ADDRESS OF BANK: \_\_\_\_\_

NAME ON ACCOUNT: \_\_\_\_\_

BANK ACCOUNT NUMBER: \_\_\_\_\_

NINE DIGIT ABA ROUTING NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Primary Account Owner-signature      date

\_\_\_\_\_  
Joint Account owner-signature (if needed)      date

\_\_\_\_\_  
Primary Account Owner name-printed

\_\_\_\_\_  
Joint Account owner name-printed

\_\_\_\_\_  
Primary Account owner street address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

This authorization is to remain in full force and effect until WSAA has received written notification from account owner of its termination in such time and in such manner as to afford WSAA and Summit Credit Union a reasonable opportunity to act on it. I also authorize you to accept debit or credit adjustments if required. I authorize WSAA to verify my bank account information with the bank listed above.

**Important: Two signatures are required if your Bank account listed above is a joint account.**

*PLEASE RETURN AN ORIGINAL, COMPLETED FORM, TO THE ADDRESS BELOW TO INITIATE ACH PROCESSING SETUP. WITHDRAWALS WILL BE MADE VIA ACH UPON COMPLETION OF THE BANK VERIFICATION PROCESS. (POSTING TO BANK ACCOUNT IS WITHIN 48 HOURS FROM DATE OF TRANSFER)*

Questions regarding this form or your ACH transactions should be directed to the WSAA Treasurer at the address/number/e-mail below. Thanks.

John C. Gelhard  
P.O. Box 988  
Madison, WI 53701

E-Mail: [John.Gelhard@wisconsin.gov](mailto:John.Gelhard@wisconsin.gov)