

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH PAYMENTS)

I (we) hereby authorize Veterans of Foreign Wars of the United States, hereinafter called VFW of US, to initiate credit entries and to initiate, if necessary, debit* entries and adjustments for any credit entries in error to our (☐) **Checking** or (☐) **Savings** account (**select one**) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit* the same to such account.

DEPOSITORY/BANK

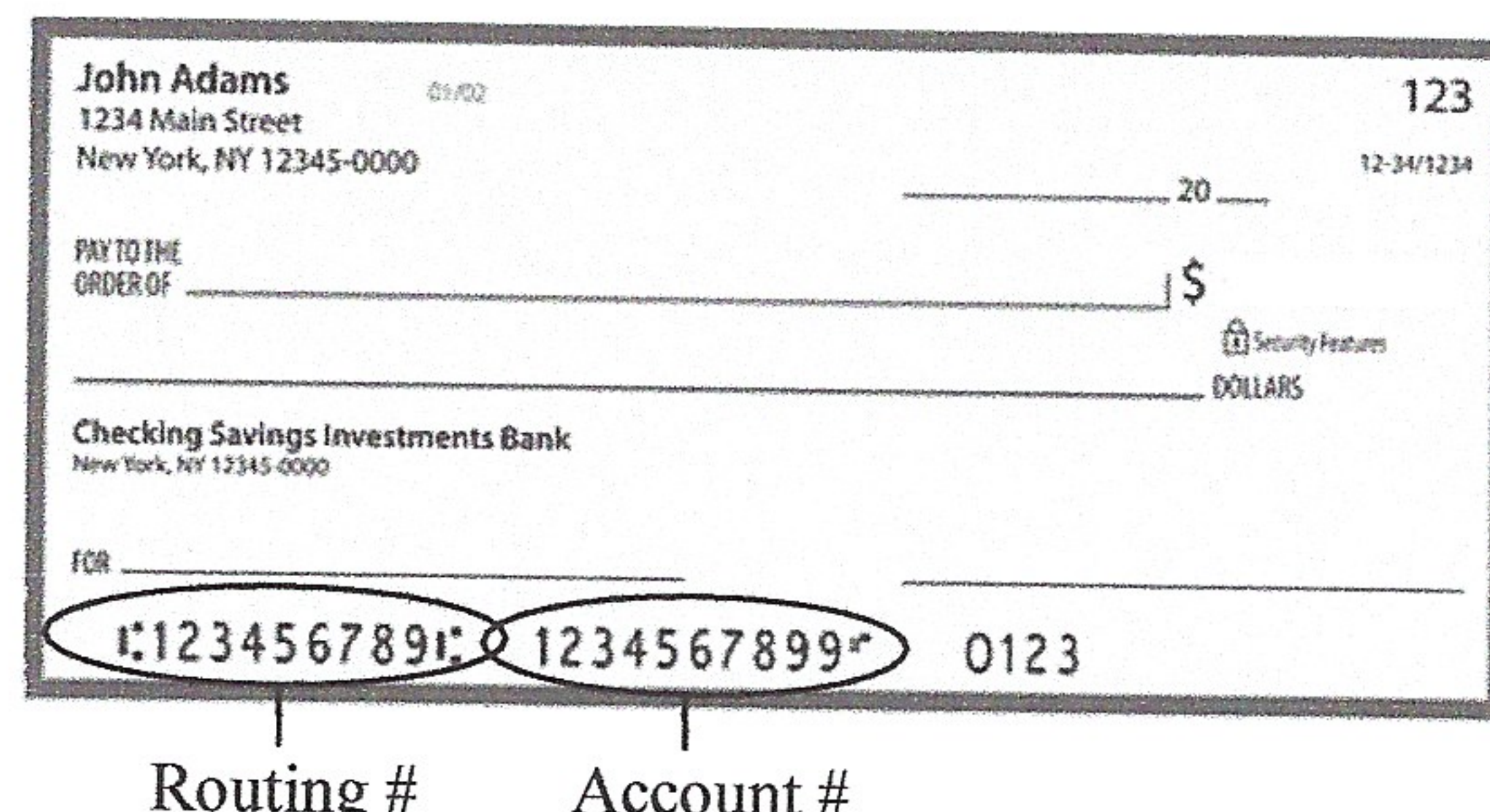
NAME _____

BRANCH _____

CITY _____

STATE _____ ZIP _____

ROUTING NO. _____ ACCOUNT NO. _____



This authority is to remain in full force and effect until VFW of US has received written notification from me (or either of us) of its termination in such time and in such manner as to afford VFW of US and Depository a reasonable opportunity to act on it.

COMRADE'S INFO:

NAME _____

DAYTIME PHONE NUMBER _____

E-MAIL ADDRESS _____

DATE _____ SIGNATURE _____

Be advised, it takes approximately 1 week to process, therefore, it is important to return this form as soon as possible.

FOR DIRECT DEPOSIT, PLEASE MAIL, E-MAIL OR FAX THIS COMPLETED FORM TO:

VFW DEPARTMENT OF SC
ATTN: STATE QUARTERMASTER
210 GLASSMASTER RD
LEXINGTON, SC 29072
803-808-0317 / FAX 803-808-0417

PLEASE ATTACH VOID OR CANCELLED CHECK HERE

*Debits will only be initiated to correct an error. Under no circumstances will the Debit exceed the error amount. Application will not be processed if there is no void check or deposit slip attached.