VFWSC AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH PAYMENTS)

I (we) hereby authorize Veterans of Foreign Wars of the United States Department of South Carolina, hereinafter called VFWSC, to initiate credit entries and to initiate, if necessary, debit* entries and adjustments for any credit entries in error to our account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit* the same to such account.

DEPOSITORY/BANK

Account Type: Checking Savings	YOUR NAME 123 1234 Main Street 123 Anywhere, OH 00000 DATE
BANK NAME	PAY TO THE \$
BRANCH	DOLLARS
СІТҮ	
STATE ZIP	ROUTING ACCOUNT CHECK NUMBER NUMBER NUMBER
ROUTING NO ACCOUNT	NO

This authority is to remain in full force and effect until VFWSC 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 INFORMATION:

NAME(s):		
DAYTIME PHON	E NUMBER	
E-MAIL ADDRES	s	
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 OR E-MAIL COMPLETED FORM TO:

VFW Department of SC Attn: State Quartermaster 622 Bridlewood LN Mount Pleasant, SC 29464

Email: <u>qm@vfwsc.org</u> HQ: 803-808-0317 Cell: 843-327-3858

PLEASE ATTACH VOID OR CANCELLED CHECK

*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 to verify the account.

F-SC095 Rev: 5/9/2024