

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (EFT)

1 Nov 07

Return to: APWU, Attn: Human Resources, 1300 L Street, NW, Washington DC, 20005

I hereby authorize **The American Postal Workers Union** in conjunction with **Bank of America** to initiate credit entries to my Checking/Savings account as indicated below.

In the event that monies may be deposited into my account to which I am not entitled, I also authorize the APWU to initiate debit entries to my account, as necessary, to recover those funds.

This authority is to remain in full force and effect until the APWU receives written notification from me of its termination, in such time and in such manner as to afford the APWU a reasonable opportunity to act on it.

Signature: _____ **Date:** _____

Separate forms need to be completed for each account to which you want funds deposited.
Payroll may be split into a maximum of 8 accounts.
Payables /Expense Reimbursements may be deposited to 1 account only.

It is your responsibility, in authorizing the electronic transfer of funds, to verify that your account is being properly credited. The APWU will not be responsible for any charges or expenses incurred as a result of your account not being properly credited or processing delays.

Please attach a voided check (deposit slips are not acceptable) to this form for each account. The check must be for the account to which you want your funds deposited. **If you choose a savings account please check with your bank for the ABA#.**

Please Print all Information

| | | |
|--|------------------------|-----------------------------|
| Name | | |
| Bank Name | | |
| Routing /ABA Number | | |
| Account Number | | |
| Type of Funds to be deposited to this Account | Payroll _____ | Expense Reimbursement _____ |
| Account Type | Checking _____ | Savings _____ |
| Amount | \$ _____ or All: _____ | |