

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

I hereby authorize the American Postal Workers Union in conjunction with Suntrust Bank 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 American Postal Workers Union 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 American Postal Workers Union receives written notification from me of its termination, in such time and in such manner as to afford the American Postal Workers union a reasonable opportunity to act on it.

It is the responsibility of every Local or State authorizing the electronic transfer of funds to verify that their account is being properly credited. The American Postal Workers Union will not be responsible for any charges or expenses incurred as a result of your account not being properly credited or processing delays.

Local Name: _____

Bank Name: _____

Bank Transit Number: _____

Bank Account Number: _____

Signature: _____

President

Date: _____

Signature: _____

Secretary-Treasurer

Date: _____

Please staple or otherwise attach a voided check in the space provide here. The check must be from the account where you want your funds to be deposited.

Please return this form to:

American Postal Workers Union, AFL-CIO
1300 L. Street, N.W.
Washington, DC 20005

Attn.: APWU Per Capita Section