



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Attention Quartermasters

An email notification will be sent to the Post's V-mail account after each ACH Deposit has been transmitted providing the date of deposit and amount. If your Post would like to also receive an email message to a different email account, please provide below.

VFW DEPT OR
VFW POST/AUX NAME _____

TAX ID
NUMBER _____

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

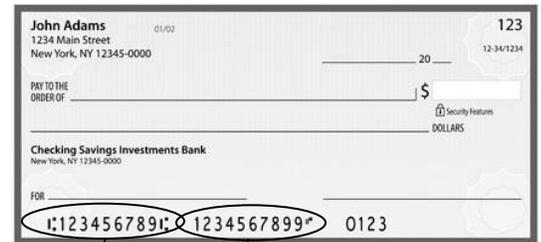
NAME _____

BRANCH _____

CITY _____

STATE _____ **ZIP** _____

ROUTING NO. _____ **ACCOUNT NO.** _____



Routing # Account #

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.

POST QUARTERMASTER

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 OR FAX THIS COMPLETED FORM TO:
VFW NATIONAL HEADQUARTERS
ACCOUNTING DEPT
ATTN: DONALD HOLLAND
406 W. 34TH ST., SUITE 1100
KANSAS CITY, MISSOURI 64111816-756-3390 Ext 6230 / FAX 816-968-1137

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.**