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.

NAME/POST		NUMBER	
I (we) hereby authorize Veterans of initiate credit entries and to initiat error to our () Checking or () below, hereinafter called DEPOSI	te, if necessary, debit* entri Savings account (select of	ies and adjustments for any ne) indicated below and the	y credit entries in he depository named
DEPOSITORY			
NAME		BRANCH	
CITY	STATE	ZIP	v =
TRANSILABA NO	ACCC	OUNT NO.	· ·
This authority is to remain in full me (or either of us) of its terminat Depository a reasonable opportuni	ion in such time and in suc	of US has received writte h manner as to afford VFV	n notification from V of US and
NAME(S)			· •·
DAYTIME PHONE NUMBE	R		
E-MAIL ADDRESS			
DATESI	IGNED		

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 RETURN OR FAX THIS COMPLETED FORM TO:

VFW NATIONAL HEADQUARTERS
ACCOUNTING DEPT
ATTN: DONALD HOLLAND
406 W. 34TH ST., SUITE 1100
KANSAS CITY, MISSOURI 64111

FAX #: 816-968-1137

PLEASE ATTACH VOIDED CHECK HERE

*Debits will only be initiated to correct an error. Under no circumstances will the debit exceed the error amount.