



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

BUSINESS NAME _____ **FEDERAL TAX ID NUMBER** _____

COMPANY OR CONTACT EMAIL ADDRESS _____

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.

CONTACT

NAME(S) _____

BUSINESS PHONE NUMBER _____

COMPANY

ADDRESS: CITY _____ **STATE** _____ **ZIP** _____

DATE _____ **SIGNED** _____

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 THIS COMPLETED FORM TO:

VFW NATIONAL HEADQUARTERS
ATTN: DONALD HOLLAND
406 W. 34TH ST., SUITE 1100
KANSAS CITY, MISSOURI 64111
816-756-3390 Ext 6230

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.