

**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** \_\_\_\_\_ **SOCIAL SECURITY/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 NAME** \_\_\_\_\_ **BRANCH** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**TRANSIT/ABA NO.** \_\_\_\_\_ **ACCOUNT NO.** \_\_\_\_\_

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.

**NAME(S)** \_\_\_\_\_

**DAYTIME PHONE NUMBER**

**E-MAIL ADDRESS** \_\_\_\_\_

**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 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.