

# Direct Deposit Authorization Form

I hereby authorize Communications Workers of America Local 7250 to send credit entries, as well as appropriate debit and adjustment entries to my account indicated below. These deposits may be made electronically or by any other commercially accepted method.

## Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Financial Institution Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

ABA Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account:

Checking [  ]

Savings [  ]

This authorization will remain in effect until I modify or cancel it in writing.

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_