

AUTHORIZATION AGREEMENT FOR LOCAL REMITTANCE VIA DIRECT DEPOSIT

CWA LOCAL: _____

We hereby authorize the COMMUNICATIONS WORKERS OF AMERICA to initiate credit entries to the Local bank account in the depository named below, hereinafter called DEPOSITORY, and to credit the same to such account.

BANK DEPOSITORY

Bank Name: _____

City & State: _____

Name on Account: _____

ACH/EFT Transit Number: _____

Account Number: _____

Please write **SLOWLY & CLEARLY!** We want your payment to go through the first time we try it! :)

This agreement is to remain in effect until the Communications Workers of America has received written notification from me of its termination in such time to afford the Communications Workers of America and DEPOSITORY a reasonable opportunity to act on it.

DATE: _____

SIGNED: _____
LOCAL PRESIDENT

SIGNED: _____
LOCAL FINANCIAL OFFICER

No voided check is needed. There is a 10 day lead-time upon receipt of the completed form. Checks, or deposits to the previous account on file, may continue until that time.

Email you would like remittance slips sent to: _____

RETURN COMPLETED FORM TO:

CWA Finance & Membership Dept
Email to: duesquestions@cwa-union.org
Fax to: 202-434-1351