

DIRECT DEPOSIT AUTHORIZATION

EXPENSES

I hereby authorize District Lodge 141, I.A.M.A.W. to initiate credits (and/or corrections to the previous credits) to my checking and/or savings account(s) at my depository financial institution. The institution is authorized to credit and/or correct the amounts to my account.

Depository/Employee Account Information

Depository Name:

Transit/ABA No:

Street Address:

Account Number:

City, State, and Zip Code:

Indicate Account Type:

_____ Checking _____ Savings

This authority is to remain in full force and effect until I revoke it in writing in such time (10 days) and such manner as to afford employer or institution a reasonable opportunity to act on it, or upon termination of my employment with employer. Upon cancellation, I will notify my payroll department.

Employee Name (Please type or print): _____

Employee Signature

Date _____

***** PLEASE ATTACH A VOIDED CHECK *****