

AUTHORIZATION AGREEMENT
AUTOMATIC DEPOSIT

Company: NTEU

I do hereby authorize NTEU hereinafter called COMPANY, to initiate deposits to my checking () account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit such account, and in the event a deposit error is made to my account, I authorize the company to make a correcting entry under the condition that I am notified of said adjustment.

DEPOSITORY (BANK) _____

CITY _____

STATE _____

CHECKING ACCOUNT # _____

BANK TRANSIT ABA # _ _ _ _ _

This authority is to remain in full force and effect until company has received written notification from me of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

NTEU CHAPTER # _____

CHAPTER PRESIDENT _____
(PRINT NAME)

(SIGNATURE) (DATE)

CHAPTER TREASURER _____
(PRINT NAME)

(SIGNATURE) (DATE)

*****A copy of a voided chapter check must be attached.*****

Return to:
NTEU Payroll -- Direct Deposit
800 K Street, NW - Suite 1000
Washington, DC 20001-8022