AUTHORIZATION AGREEMENT
FOR LOCAL DUES REMITTANCE
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

NAME:  ____  BRANCH:  ____
CITY:  ____  STATE:  ____
TRANSIT/ABA NUMBER:  ____  ACCOUNT NUMBER:  ____

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  X ____________________________________________

LOCAL PRESIDENT

SIGNED  X ____________________________________________

LOCAL FINANCIAL OFFICER

NOTE:  Enclose a voided check with signed authorization form. 30-day lead time required upon our receipt of completed authorization form to implement Direct Deposit.

RETURN COMPLETED FORM TO:  MEMBERSHIP AND FINANCE DEPARTMENT
COMMUNICATIONS WORKERS OF AMERICA
501 THIRD STREET, NW
WASHINGTON, DC 20001
PHONE:  (202) 434-1100
FAX:  (202) 434-1351

MLO-125
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