

**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 NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

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 \_\_\_\_\_ FEDERAL ID NUMBER \_\_\_\_\_

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 DUES DEPARTMENT  
COMMUNICATIONS WORKERS OF AMERICA  
501 THIRD STREET, NW  
WASHINGTON, DC 20001  
PHONE: (202) 434-1366  
FAX: (202) 434-1375