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 DUES DEPARTMENT
COMMUNICATIONS WORKERS OF AMERICA
501 THIRD STREET, NW
WASHINGTON, DC 20001
PHONE: (202) 434-1100
FAX: (202) 434-1375