AFSCME LOCAL 34

AUTHORIZATION FOR DIRECT DEPOSIT PAYROLL

I authorize AFSCME Local 34, and the Financial Institution listed below, to initiate deposits of funds, to which I am entitled, automatically into my account. If funds to which I am not entitled are deposited to my account, I authorize you to initiate debit entries and adjustments to return said funds. This authority will remain in effect until I have cancelled it in writing at such time and in such manner as to afford you a reasonable opportunity to act.

Date: _____

Member Information

First Name: _____

Last Name: _____

Middle Initial: _____

Birth Date: _____

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____

Zip Code: _____

Bank Information

Bank Name: _____

Routing Number: _____

Account Number: _____

Saving or Checking Account: _____

If requesting a deposit to your saving account, please your banking institution and verify the bank routing number for your saving account.

Signature: _____