ACH AUTHORIZATION FORM

ENTITY NAME _____
(**of Auxiliary, District, County Council or Department as listed on bank account)**

Federal Identification Number (EIN or FIN) __ __ - __ __ __ __ __ __ __
(**as listed on bank records -- 9 digit number)**

I (we) hereby authorize the Veterans of Foreign Wars of the United States Auxiliary National Headquarters, hereinafter called "**National**", to initiate entries to deposit or withdraw funds from our **Checking** account indicated below.

FINANCIAL INSTITUTION (BANK) NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. __ __ __ __ __ __ __ __ __
(9 digit number on bottom of check or deposit slip)

ACCOUNT NO. __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

This authority is to remain in full force and effect until **National** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **National** a reasonable opportunity to act on it.

NAME **(please print)** _____ _____
(President) (Treasurer)

DAYTIME PHONE NUMBER_____ _____
(President) (Treasurer)

E-MAIL ADDRESS TO SEND TRANSACTION NOTICE: **(please print)**

_____

SIGNATURE (REQUIRED)_____ _____
(President) (Treasurer)

DATE_____ **DATE**_____

ATTACH VOIDED CHECK HERE

RETURN COMPLETED FORM TO:
VFW AUXILIARY NATIONAL HEADQUARTERS
ATTN: ACCOUNTING
406 W. 34TH ST., 10TH FLOOR
KANSAS CITY, MO 64111