ABA Claims Dept. 1-800-526-2890
All other Depts. 1-603-330-0282

DIRECT DEPOSIT OF CLAIMS PAYMENT

Member's Authorization for Direct Deposit

I authorize the American Postal Workers Accident Benefit Association and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries for any credit entries I have received in error to my:

_____ Checking Account _____ Savings Account

This authority will remain in effect for the length of this claim unless cancelled in writing.

_____ _____
Member's Name (Please print) SS# or Employee ID #

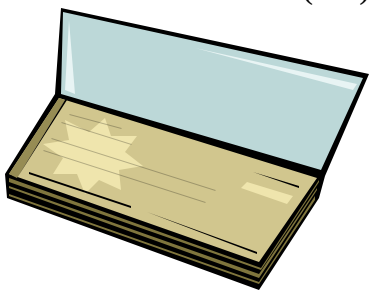
_____ _____
Member's signature Date

_____
Financial Institution (Bank Name)

Transit/Routing # _ _ _ _ - _ _ _ _ - _ Account # _____

Please return this form to our office along with a voided check

American Postal Workers ABA
PO Box 120
Rochester NH 03866
Or fax form and voided check to: (603) 330-0285



If you would like us to credit your savings account check with your local bank to ensure you have provided us with the correct Transit (Routing) number and correct account number. If a check is returned to us because of an incorrect savings account number you provided, you are responsible to reimburse the ABA any and all fees charged by it's bank.

www.apw-aba.org