



ABA all departments: 1-603-330-0282

Member's Authorization to Deduct ABA Dues Directly from Bank Account

Members Name (Account Owner)

Address (as it appears on check)

City, State Zip

Bank Name

Account number

Bank Transit/Routing Number

checking

savings

(Please initial below)

_____ I hereby authorize the ABA to deduct \$15.60 from my account for my annual payment of ABA Plus assessments. (ABA Plus 50,000)

Member's Signature

Social Security #

Date

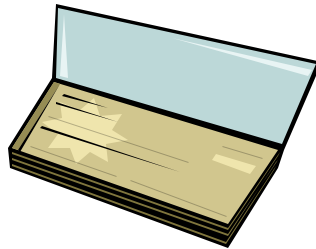
I authorize the ABA to debit the account listed above in the amount listed above per the terms listed above and in the event of an error, credit and/or debit my account accordingly. The authority is to remain in full force and in effect until this agreement has been revoked by written request or upon written notification from the ABA.

In the event that my account is delinquent at the time of the request, I understand that I am responsible for a \$10.00 returned funds fee and that I will not be considered a member in good standing until assessments have been made current and all fees have been reimbursed. In the event there are insufficient funds, I also authorize the ABA to re-submit my electronic payment request 3 business days after it has been returned. If funds are still not available, I understand the ABA will terminate my electronic payment agreement and I will not be considered a member in good standing until all assessments have been made current and all fees reimbursed to the ABA.

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

Mail to: American Postal Workers ABA
PO Box 120
Rochester, NH 03866-0120

or fax to: (603) 330-0285



If you would like us to debit your savings account, please check with your local bank to ensure you have provided us with the correct Transit (Routing) number and correct account number.