



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 my initial payment of ABA assessments from my account.

*(Please initial one) Thereafter, I wish to pay my assessments as follows:*

\_\_\_\_ I hereby authorize the ABA to deduct my assessments from the above account quarterly  
(January 1<sup>st</sup>, April 1<sup>st</sup>, July 1<sup>st</sup>, and October 1<sup>st</sup>)

\_\_\_\_ I hereby authorize the ABA to deduct my assessments from the above account semi-annually (January 1<sup>st</sup> and July 1<sup>st</sup>)

\_\_\_\_ I hereby authorize the ABA to deduct my assessments from the above account annually on January 1st  
(\*Members who pay their assessments annually receive one month free)

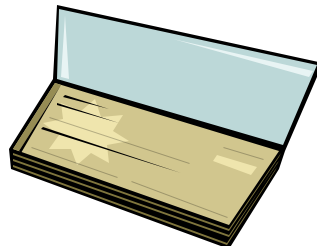
\_\_\_\_ Member's Signature      \_\_\_\_\_ Social Security #      \_\_\_\_\_ Date

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 The authority is to remain in full force and in effect until this agreement has been revoked by written request or upon written notification from the ABA.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      or      fax to: (603) 330-0285  
PO Box 120  
Rochester NH 03866-0120



*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. If a check is returned to us because of an incorrect account number you provided, you are responsible to reimburse the ABA any and all fees charged by it's bank.*