



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Name _____ ID Number _____
 (Please Print)

I hereby authorize Buffalo Teachers Federation to initiate credit entries to my account indicated below at the depository financial institution named below in accordance with the operating rules of the National Automated Clearing House Association (NACHA). I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

PLEASE ATTACH AN ORIGINAL VOIDED CHECK TO THIS FORM FOR THIS ACCOUNT.

Please PRINT clearly

Financial Institution Name	
Branch	
Address	
City/State	
Zip	
Financial Institution Routing Number (9 digits)	
Account Number	
Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

This authorization is to remain in full force and effect until Buffalo Teachers Federation has received written notification from me of its termination in such time and in such manner as to afford Buffalo Teachers Federation and your financial institution a reasonable opportunity to act on it.

Date _____

Signature _____