

ACH - DIRECT DEPOSIT AGREEMENT

Authorization Agreement

I hereby authorize Serb National Federation to initiate automatic deposits to my account at the financial institution named below. I also authorize Serb National Federation to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Serb National Federation responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Serb National Federation receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Accounting Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking, or Savings

Date Debited On: 15th or 30th

Frequency: Monthly, Quarterly, Semi Annual, Annual

Insured/Owner: _____ Certificate Number: (if known) _____

Print Name: _____ Print Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

MORE: PLEASE ATTACH A VOIDED CHECK FOR ACCOUNT VERIFICATION PURPOSES