

Direct Deposit Authorization Form

Iron Workers Local 207

Personal Information (please print)

Last Name _____ First _____ M.I. _____

Street Address _____

City _____ State _____ Zip _____

Deposit Information:

Bank or Financial Institution: _____

Savings Account

Checking Account

Routing Number: _____

Account Number: _____

Iron Workers Authorization

I hereby authorize Iron Workers Local 207 to deposit my net savings directly to the financial institution(s) and account(s) listed above. I hereby certify that I am the sole or partial owner of the above accounts. I agree to notify Local 207 immediately of any changes to the information so that my savings may be properly distributed. I further agree that Local 207 reserves the right to recall (debit) or adjust any deposits improperly created and deposited to my account. I authorize Seven Seventeen Credit Union to honor any recall/adjustment request made by Local 207, and I hereby absolve Seven Seventeen Credit Union from any liability that it might incur as a result of honoring such recall/adjustment request by Local 207. I authorize Seven Seventeen Credit Union to share my account number with Local 207 for the purpose of coordinating the transfer of my savings.

Member Signature _____ **Date** _____