

Direct Deposit Enrollment Form

Headquarters

I hereby authorize the Department of Michigan Veterans of Foreign Wars Auxiliary to initiate credit entries to my bank or credit union account indicated below.

First & Last Name _____

Address _____

City _____ Zip _____

Phone Number _____

Email Address _____

Name of Bank or Credit Union _____

City _____ St _____ Zip _____

Account Type: Checking _____ Savings _____

Routing Number _____

Account Number _____

(signature)

(date)