

# 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)