

Post/SAL or Member ACH Authorization Form

1. Please Check One:☐ NEW Direct Deposit☐ CHANGE Direct Deposit☐ CANCEL Direct Deposit**2. Vendor/Payee Information****Name or POST:****Address:****Contact Person's Name:****Telephone Number:****Email Address (remittance is to be sent to):****3. Financial Institution Information****Bank Name:****Bank Address:****Name on Bank Account:****Bank Account Number:****Nine-Digit Bank Routing/Transit Number (ABA):** _____**Type of Account:** ☐ **Checking** ☐ **Savings** (For checking attach a VOIDED check or photo of check)

Approvals/Authorizations - I certify that the information provided on this form is correct, and I hereby authorize American Legion Dept.of MI (TALDOM) to electronically deposit payments to the bank account designated above. It is my responsibility to notify TALDOM immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify TALDOM in writing immediately of changes in status or banking information. I understand that this authorization will remain in full force and effect until TALDOM has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than ten (10) business days.

Print Name: _____ Signature: _____ Date: _____

Important Information

Please send through secure email.

For Office of Accounts Payable Use Only

AP Reviewed and Approved:

Date:

Date Stamp - Received