

## AUTHORIZATION AGREEMENT for Direct Deposit of Department / Chapter Funds

**To be completed by Authorized Officer from Department or Chapter**				
I hereby authorize DAV National Headqua account identified below:	rters to initiate electronic trans	fer of funds to our account in the depository		
DAV Department of:		Chapter:(Number)		
Change Authorized By:	(Printed Name)	itle:		
	,	Phone:		
	Bank Account Inform	ation		
Financial Institution:				
Financial Institution Address:				
City:	State:	Zip Code:		
ABA Routing Number (9 digits)				
Please include one of the following  Voided check with De or:  Page 2 of this Agreem	: partment / Chapter name nent filled out by a Financ			
This authorization is to remain in fu	Ill force and effect until DA	AV National Headquarters has received a manner as to afford DAV National		
The Direct Deposit Advice Register Officers for all deposits into Depart	•	/ Membership system to Authorized nts.		

Please return all required documents to:
DAV National Headquarters Accounting Department
E-mail: payables@dav.org
Phone: 859-441-7300

Mailing Address: 860 Dolwick Drive, Erlanger, KY 41018

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## Bank Account Verification Form for Direct Deposit of Department / Chapter Funds

**To be co	mpleted by Official at Finar	ncial Institution**	
This is to certify that			(Account Holder)
maintains the following account with_			(Financial Institution)
Financial Institution Address:			
City:	State:	Zip Code:	
ABA Routing Number (9 digits)			
☐ Checking ☐ Savings Account	: Number:		
☐ I certify that this account belongs in good-standing.	to the aforementioned	account noider and i	s currently active and
Institution Official's Printed Name	Т	ïtle	
Institution Official's Signature	D	ate	
to ve	cial institution must sta	this page:	

DAV National Headquarters Accounting Department
E-mail: payables@dav.org
Phone: 859-441-7300
Mailing Address: 860 Dolwick Drive, Erlanger, KY 41018

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