



National
Association of
Neonatal
Nurses

**Authorization Agreement for Direct Deposit of
Chapter Dues Reimbursement Checks**

(please print clearly)

Chapter Name _____

Chapter Treasurer _____

Yes, our chapter will participate in NANN's direct deposit program.

Complete Sections 1 and 2.

Section 1

I hereby authorize the National Association of Neonatal Nurses, hereinafter called NANN, to initiate direct deposit to our chapter's bank account at the depository named below of chapter dues reimbursement checks on a quarterly basis (i.e., April, July, October, and January).

This authorization is to remain in full force and effect until NANN has received written notification from our chapter of its termination in such time and in such manner as to afford NANN and the depository a reasonable opportunity to act on it.

Name of Bank _____

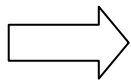
Take one check from your chapter's checkbook and write the word "VOID" across it in large letters. (We regret we can accept only checks issued by U.S. banks.) Send your voided check to NANN with this signed authorization form and NANN will use the information on the check to initiate automatic quarterly direct deposits into this account. Your checking account statement will reference NANN as the payer.

Section 2

Chapter Officer's Signature _____

Chapter Officer's Title _____ Date _____

Return this completed form to:
Jacky Liston, NANN, 4700 W. Lake Ave., Glenview, IL 60025



IMPORTANT: NANN must receive your voided check to participate in the direct deposit program.

FOR OFFICE USE ONLY:

Bank Name: _____

Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____

Account Number: _____