



National Association of Neonatal Nurses

Authorization Agreement for Direct Deposit of Chapter Dues Reimbursement Checks

(please print clearly)

Chapter Name \_\_\_\_\_

Chapter Treasurer \_\_\_\_\_

I, \_\_\_\_\_, our chapter will participate in \_\_\_\_\_ direct deposit program.

Complete Sections 1 and 2.

Section 1

I hereby authorize the National Association of Neonatal Nurses, hereinafter called \_\_\_\_\_, to initiate direct deposit to our chapter's bank account at the depository named \_\_\_\_\_ of chapter dues reimbursement checks on a quarterly basis i.e., \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_.

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

Name of Bank \_\_\_\_\_

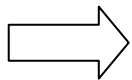
Please one check from our chapter's checkbook and write the word VOID across it in large letters. We regret we can accept on checks issued in U.S. dollars. Send your voided check to \_\_\_\_\_ with this signed authorization form and \_\_\_\_\_ include the information on the check to initiate automatic quarterly direct deposits into this account. Our checking account statement will reference \_\_\_\_\_ as the payer.

Section 2

Chapter Officer's Signature \_\_\_\_\_

Chapter Officer's Title \_\_\_\_\_ Date \_\_\_\_\_

Return this completed form to Erin Duvic 8735 W. Higgins Rd Suite 300 Chicago, IL 60631



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

Form with fields for Bank Name, Branch, City, State, ZIP, Routing Number, and Account Number.