



American Federation of Government Employees AUTHORIZATION FOR PRE-ARRANGED PAYMENT

I hereby authorize AFGE to initiate direct debit entries to my checking or savings account maintained at the bank named below, herein after call BANK, on the 20th of each month. This authority is to remain in full force and effect until Bank has received written notification from me of its termination in such time and in such manner as to afford Bank a reasonable opportunity to act on it. A customer has the right to stop payment of a debit entry by notification to bank at least 3 days prior to the date scheduled for charging account. A customer also has the right to question Bank about any debit entry by notifying Bank not later than 60 days after Bank sends a statement to customer (AFGE) containing the entry. Bank will handle all such questions in accordance with its procedures and the requirement for resolving errors found in Regulation E issued by the Federal Reserve Board.

ATTACH VOIDED CHECK TO INSURE CORRECT ACCOUNT NUMBER

AFGE TSA Local 1

Name	Social Security Number		
Address	City	State	Zip
Signature			

To Be Completed By AFGE:
Bank Name: _____
Bank Transit Number: _____
Bank Account Number: _____

Form cannot be processed unless you attach an encoded voided check. (check must have account number printed on it).

Questions or inquiries can be addressed to:
AFGE, 80 F Street, N.W., Washington, DC 20001
Telephone: (202) 737-8700