Direct Deposit Authorization Agreement

Completed forms should be forward to:

DATE ENTERED: _____

Alaska Teamster-Employer Welfare Trust 520 E 34th Avenue, Suite 107 Anchorage, AK 99503

, w	nenorage, 7th 33303		
I WOULD LIKE TO:			
☐ Authorize a new Direct Deposit☐ Change an Existing Direct Deposit☐ Cancel an Existing Direct Deposit			
Name:	SS#:		
Address:Street			
Street	City	State	Zip Code
Phone:	Email:		
Checking Account A voided blank check MUST accompany this form	Savings Account A voided blank deposit	slip <u>MUST</u> ac	company this for
Bank Name:			
Name(s) on Account:			
Bank ABA Routing Number (9-digits):			
Bank Account Number:			
Authorized Signature:	Date		
FOR ADMINIS	TRATIVE USE ONLY		