



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

To be completed by Authorized Officer from Department or Chapter

I hereby authorize DAV National Headquarters to initiate electronic transfer of funds to our account in the depository account identified below:

DAV Department of: _____ Chapter: _____
(State) (Number)

Change Authorized By: _____ Title: _____
(Printed Name)

Signature: _____ Date: _____ Phone: _____

Bank Account Information

Financial Institution: _____

Financial Institution Address: _____

City: _____ State: _____ Zip Code: _____

ABA Routing Number (9 digits) _____

Checking Savings Account Number: _____

Please include one of the following:

- Voided check with Department / Chapter name visible on front of check
- or:**
- Page 2 of this Agreement filled out by a Financial Institution Official

This authorization is to remain in full force and effect until DAV National Headquarters has received written notification of its termination in such time and in such a manner as to afford DAV National Headquarters and depository a reasonable opportunity to act on it.

The Direct Deposit Advice Register is available through DAV Membership system to Authorized Officers for all deposits into Department and Chapter Accounts.

Please return all required documents to:
DAV National Headquarters Accounting Department
E-mail: payables@davmail.org
Phone: 859-441-7300
Fax: 859-442-2357
Mailing Address: 3725 Alexandria Pike, Cold Spring, KY 41076



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

To be completed by Official at Financial 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 to the aforementioned account holder and is currently active and in good-standing.

Institution Official's Printed Name Title

Institution Official's Signature Date

The financial institution must stamp this section
to verify the information on this page:



DAV National Headquarters Accounting Department
E-mail: payables@davmail.org
Phone: 859-441-7300
Fax: 859-442-2357
Mailing Address: 3725 Alexandria Pike, Cold Spring, KY 41076