

COMMUNICATIONS WORKERS OF AMERICA

SDR DIRECT DEPOSIT INSTRUCTIONS

VENDOR # _____

DEPOSITORY

NAME _____

BRANCH _____

CITY _____

STATE _____

ACCOUNT # _____

TRANSIT/ABA # _____

ENCLOSE A VOIDED CHECK WITH THIS FORM. A 30-DAY LEAD TIME IS
REQUIRED UPON OUR RECEIPT OF THE COMPLETED FORM TO
IMPLEMENT DIRECT DEPOSIT.

SIGNATURE _____

NAME _____ DATE _____