ACH CREDIT AUTHORIZATION FORM*

Organization: _____

Federal Identification #: _____

_____ hereby authorizes American Postal
[Organization]

Worker's Union Health Plan (AWPUHP), hereinafter called **Company** and the depository financial institution named below, hereinafter called **Depository**, to initiate electronic credit entries to the account listed and acknowledges that the origination of ACH transactions to its account must comply with the provisions of U.S. law.

Financial Institution Name: _____

Routing Number _____

Account Number _____

Checking Account ☐ Savings Account ☐

This authority is to remain in full force and effect until **Company** has received written authorization from _____ of its termination in such time and
[Organization]

manner as to afford **Company** and **Depository** a reasonable opportunity to act on it.

_____
[Organization]

_____
[Authorized By]

_____ _____
[Title] [Date]