



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I hereby authorize West Gulf Maritime Association to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account indicated below at the depository named below (referred to as "Depository"), to credit and/or debit the same to such account:

Worker Name: _____

Worker #: _____ **Social Security #:** _____

Depository Name:		
Circle One: New Change Stop		
City:	State:	Zip:
Bank Transit Number:	Account Number:	
Type: Checking Saving	Amount: \$	or %:

Depository Name:		
Circle One: New Change Stop		
City:	State:	Zip:
Bank Transit Number	Account Number	
Type: Checking Saving	Amount: \$	or %:

Depository Name:		
Circle One: New Change Stop		
City:	State:	Zip:
Bank Transit Number	Account Number	
Type: Checking Saving	Amount: \$	or %:

This authorization is to remain in full force and effect until West Gulf Maritime Association receives written notification from me on its termination in such time and in such manner as to afford WGMA and the Depository a reasonable time to act on it.

Signature: _____ **Date:** _____

NOTE: You must attach a voided check (for checking accounts) or a savings account deposit slip (for savings accounts) to validate account information.

To return by facsimile: Send to (855) 715-1717