



The American Legion

DEPARTMENT OF NEW YORK

1304 Park Blvd • Troy, NY 12180

DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize The American Legion Dept. of New York to make electronic deposits into the account listed below.

Post Info

Post # and Name: _____

Post Address: _____

Bank Account Info

Bank Name: _____

Routing #: _____

Account #: _____

Account Type: Checking Savings

Authorized Post Officer:

_____ Name/ID#

_____ Signature

_____ Date