



United Postmasters and Managers Political Fund
ACH Authorization Form

I hereby authorize Signature Federal Credit Union to initiate debit entries to my account indicated below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization is to remain in effect until Signature FCU has received written notification from me of its termination in such time and in such manner as to afford Signature FCU a reasonable opportunity to act on it.

Name(s) _____ Date _____
(Please Print)

Address _____

City, State, Zip Code _____

UPMA Member Number _____ Effective Date _____

Authorized Signature _____

Please transfer \$ _____ from my incoming deposit indicated below:

Postal Payroll Postal Retirement Other Payroll/Retirement _____

OR

Please transfer \$ _____ directly from my Signature FCU account indicated above using the following information:

Account Number: Savings ID Checking ID Money Mkt ID
Monthly Semi-Monthly Bi-Weekly Weekly One-time Only

Please distribute the funds to the UPMA PAC account held at Signature FCU.

I understand that this deduction distribution will continue based on the frequency indicated above. I may change the distribution amount or cancel the distribution in its entirety by notifying a Signature FCU representative.

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Data Entry Date _____ Representative _____

End Date of Origination _____ Representative _____

Company ID Number _____ Transaction Code _____ Frequency _____

Date Received _____ Representative _____