



Authorization Form for Monthly or Quarterly Direct Deposits to the NILA Advocacy Fund

Direct Deposit Authorization Form

I (we) hereby authorize the American Association of Bioanalysts (AAB), on behalf of the National Independent Laboratory Association (NILA), to initiate entries to my (our) checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until NILA is notified by me (us) in writing to cancel it in such time as to afford NILA and the financial institution a reasonable opportunity to act on it.

PLEASE PRINT

(Your Name)

(Title)

(Name of Laboratory/Company Making Direct Deposits)

(Address – City, State & Zip)

(Name of Laboratory/Company's Financial Institution)

(Address of Laboratory/Company's Financial Institution - City, State & Zip)

Select one: Monthly Quarterly Other: _____

Set Amount: _____ or Maximum Amount: _____

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

These numbers are located on the bottom of your check as follows:

Ⓜ 123456789 Ⓜ 1234567890123 Ⓜ
Routing Number Account Number

(Signature)

(Date)

Please return the completed form to: National Independent Laboratory Association, 906 Olive Street, Suite 1200, St. Louis, MO 63101-1448, Telephone: 314-241-1445, Fax: 314-241-1449, Email: nila@nila-usa.com.