

DIRECT DEPOSIT OF CHAPTER AND FEDERATION CHECKS

(CHAPTER DUES AND FEDERATION TEN PERCENT REBATE CHECKS)

Sign your chapter or federation up. It is convenient, easy, saves you the trip to the bank while we save on postage and paper!

What you need to know before signing up!

- NARFE will deposit your Chapter/Federation check directly in your bank account no later than the 22nd day of the month following the report dates.
- Choosing the direct deposit option means that NARFE will no longer send you paper copies of your reports. You will only be able to access the relevant reports that you receive with your checks over the Internet. The reports will be available online on the **10th** day of the month.
- To sign up for this service, please fill out the “Direct deposit Authorization” form below. Send it along with a voided Chapter/Federation check (**do not send deposit slips**) to the following address:

Attention: Accounts Payable
NARFE
606 N. Washington Street
Alexandria, VA 22314-1914

- To access your reports, go to the NARFE website and sign in as a member. Click on Departments at the top, scroll down to “NARFE Leadership” and click “online reports”. Then click on “Chapter reports” (if you are a Chapter) or “State reports” (if you are a State Federation). At this stage, you need a Username and Password. If you do not have these, you will find instructions on setting up a ‘Username’ and ‘Password’ at the bottom of the screen. However, only a Chapter or Federation President can set these up. Your President may have already set these up. It is important that you contact your Chapter or Federation President regarding the username and password, as there is only one user name and password for each Chapter and Federation.
- If you decide to go back to receiving paper copies, we will switch you back to paper checks as soon as we get your request. However, NARFE will deduct a \$1.00 administrative fee from each check we send you.

DIRECT DEPOSIT AUTHORIZATION

I authorize NARFE Headquarters to deposit my payment automatically as indicated below each month. I further authorize the Financial Institution, at the request of NARFE Headquarters, to make any correcting entries to my account. This authorization will remain in effect until the Financial Institution receives written notification that I have cancelled it.¹

Bank Account: **Checking** **Money Market** **Savings**

Financial Institution _____

Branch _____

Account # _____

Transit/ABA Number _____

Date

Chapter/Federation Name and Number

Name and Title of Officer

Signature

¹ Please make sure you attach a voided check. With the voided check Accounts Payable can verify your account number.