

NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION



NATCA LOCAL EFT SETUP FORM
(LOCAL/FACILITY)

Facility Name: _____ / ____ / ____
three letter identifier

Address: _____

City: _____ State: _____ Zip Code: _____

Bank Routing Number: _____

Checking/Savings Account Number: _____

Bank Name: _____

Address (line 1): _____

Address (line 2): _____

City: _____ State: _____ Zip Code: _____

E-mail address: _____

(To receive automatic e-mail notification when payments have been sent to the bank)

Authorization: _____

(President or Treasurer Signature)

*****Attach voided check of the account to receive the funds*****