



National Association Of Air Traffic Specialists

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AUTHORIZATION AGREEMENT FOR ACH DEBITS

Name (Please Print)	
Street Address	
City, State, Zip Code	
Home Phone Number	
Cell Phone Number (if applicable)	
E-Mail Address (if applicable)	
Facility	

I hereby authorize the **National Association of Air Traffic Specialists**, herein after called **NAATS**, to initiate debit entries and/or correction entries to my account as indicated below. I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of U.S. law.

BANK NAME

BRANCH

CITY

STATE

BANK TRANSIT/ABA NUMBER

ACCOUNT NUMBER

This authorization is to remain in full force until NAATS has received written notification from me of its termination in such time and in such manner as to afford NAATS and my Bank reasonable opportunity to act upon it.

SIGNATURE

DATE