

Direct Deposit Form For Use By Volunteers Only

Volunteer Number _____

**AARP
GENERAL ACCOUNTING SERVICE
DIRECT DEPOSIT AUTHORIZATION
EXPENSE STATEMENT - TRAVEL ADVANCE**

NAME: _____
(Please Print/Type)

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

I authorize the American Association of Retired Persons to initiate credits to my account for Travel Advance and Reimbursement of Expenses.

<u>BANKING INFORMATION:</u>	<u>(Choose One Account Only)</u>
<u>CHECKING</u> _____	PLEASE ATTACH VOID CHECK HERE
<u>SAVINGS</u> _____	

Must attach voided check or other account identification . DO NOT ATTACH DEPOSIT SLIP IN LIEU OF VOIDED CHECK

This Authority to remain in effect until canceled by me in writing.

Volunteer Signature

Date

Please return this form to:

**AARP Accounting
601 E Street, NW
Washington, D.C. 20049**