



## CLS Dues Sharing Direct Deposit Form

In order to simplify the dues sharing process between CLS National and the local chapters, we are asking that each chapter provide the following information so that direct deposits can be made from CLS National to the bank account of each chapter.

### CHAPTER INFORMATION

Chapter Name: \_\_\_\_\_

Chapter Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Financial Matters Contact Person: \_\_\_\_\_

Contact Number: \_\_\_\_\_

### BANKING INFORMATION

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

\_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

### AUTHORIZATION

CLS may periodically deposit funds directly into our account.

Chapter Officer Signature: \_\_\_\_\_

Date: \_\_\_\_\_