

AUTHORIZATION TO TERMINATE AUTOMATIC DEPOSITS(ACH CREDITS)

COMPANY
NAME West Gulf Maritime Association

COMPANY
ID NUMBER _____

I (we) hereby authorize West Gulf Maritime Association, hereinafter called COMPANY,
to terminate credit entries into my(our) () Checking () Savings account(Select one) indicated
below at the depository named below.

DEPOSITORY
NAME _____

BRANCH _____

CITY _____

STATE _____ ZIP _____

ROUTING
NUMBER _____

ACCOUNT
NUMBER _____

Please allow up to Two(2) weeks for this request to take effect.

NAME(s) _____
(please print)

ID NUMBER _____

DATE _____ SIGNED (x) _____ SIGNED (x) _____

ILA Employees Name _____ Work Number _____