

AUTO PAY YOUR WAY

Direct Deposit Distribution
(Must complete with HAPO Employee)

Member's Name: _____ Account # _____

Name of Depositor _____

Itemized Distribution

Account _____ Suffix _____ Amount _____

Account _____ Suffix _____ Amount _____

Account _____ Suffix _____ Excess _____

I understand that this request will remain in full effect unless terminated by me in writing.

Signature

Date

***Please submit this form by mail at 601 Williams Blvd Richland, WA 99354, by fax at 509-946-8787, or email as an attachment to hapo@hapo.org**