

Direct Deposit Authorization



124 W 1400 S, Suite 101
 Salt Lake City, UT 84115
 PH: 801-487-3219
 TF: 877-658-7395
 www.firefighterscu.com

FINANCIAL INSTITUTION NAME AND ADDRESS 1

Firefighters Credit Union
 124 W 1400 South, Suite 101
 Salt Lake City, UT 84115
 PH: 801-487-3219 • TF: 877-658-7395

ROUTING AND TRANSIT/ABA NUMBER 2

324079225

MEMBER INFORMATION 3

Name of Individual Entitled to Payment (First, Middle & Last)

Address _____ City _____ State _____ ZIP _____

Social Security Number _____ Home Phone _____ Work Phone _____

I authorize the company/employer named below and Firefighters Credit Union to make electronic deposits each payday to one of the account types listed below. 4

Employer/Company Name _____ Claim or Payroll ID Number _____

ACCOUNT(S) IN WHICH DIRECT DEPOSIT FUNDS SHOULD BE DEPOSITED 5

Savings Account Account # _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Amount Net Amount OR Partial Amount \$ _____

Checking Account Account # _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Amount Net Amount OR Partial Amount \$ _____

Example: Routing and Transit Check Number
 ┌───────────┐ ┌──────────┐
 ⑆ 3 2 4 0 7 9 2 2 5 ⑆ 0 0 0 0 9 9 9 9 ⑆ 0 1 2 3
 └───────────┘ └──────────┘
 Account Number

If monies to which I am not entitled are deposited into my account, I authorize my Company/Employer to direct Firefighters Credit Union to return said funds. This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing, or upon termination of my employment with said Company. 6

Signature _____ Date _____

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|------------------------|------------------------|------------|-----------------------------------|-------------------------------------|
| OFFICE USE ONLY | CU Employee Name _____ | Date _____ | <input type="checkbox"/> Reviewed | <input type="checkbox"/> Clear Form |
| | Comments _____ | | | |