



DIRECT DEPOSIT AUTHORIZATION

Financial Institution Name and Address Firefighters Credit Union 124 West 1400 South Salt Lake City, UT 84115 801-487-3219 / 877-658-7395	Routing and Transit / ABA Number <p style="text-align: center; font-size: 24pt;">324079225</p>
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Name of Individual Entitled to Payment (Last, First MI)		Social Security Number - -
Address		
City, State, Zip	Home Phone ()	Work Phone ()

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

Company / Employer Name	Claim or Payroll ID Number
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Check one of the account types below for your direct deposit

Savings Account # _____
 Amount Net Amount Partial Amount \$ _____

Checking Account # _____
 Amount Net Amount Partial Amount \$ _____

EXAMPLE	<table style="margin: auto;"> <tr> <td style="text-align: center;">Routing and Transit</td> <td style="text-align: center;">Check Number</td> </tr> <tr> <td colspan="2" style="text-align: center;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 324079225 00009999 0123 </div> </td> </tr> <tr> <td colspan="2" style="text-align: center;">Account Number</td> </tr> </table>	Routing and Transit	Check Number	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 324079225 00009999 0123 </div>		Account Number	
Routing and Transit	Check Number						
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 324079225 00009999 0123 </div>							
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.

Signature _____ Date _____