



Non-Federal Direct Deposit Enrollment Request Form

Authorization agreement for automatic deposits (ACH credits)

Directions for Member Use:

- 1) Ensure entire form is complete, then sign and date
- 2) Employer should review this form for completeness and suitability. If Employer prefers or requires their own form, use account type, number and ABA routing number below to help complete their form.
- 3) Hand in or mail form directly to Employer (Note: It is not necessary for employer to return the form to the Credit Union)

Employer / Company Name : _____

Employer Address	City	State	Zip
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I (we) authorize the above named Company to initiate credit entries to my **Academic Federal Credit Union** Share Draft and/or Share accounts indicated below and to credit the same to such account. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Note: Funds can be deposited into one account or split between accounts as a set percent or dollar amount.

Account type	<input type="checkbox"/> Share/Savings	<input type="checkbox"/> Share Draft/Checking
Member Number	_____	
ABA Routing Number	2 2 1 9 8 2 3 8 9	
Deposit Amount	_____ % OR \$ _____ (Flat Amount)	

Account type	<input type="checkbox"/> Share/Savings	<input type="checkbox"/> Share Draft/Checking
Member Number	_____	
ABA Routing Number	2 2 1 9 8 2 3 8 9	
Deposit Amount	_____ % OR \$ _____ (Flat Amount) OR <input type="checkbox"/> Remaining	

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If monies to which I am not entitled are deposited to my account, I authorize the Company (issuer) to direct the financial institution to return said funds and I authorize the financial institution to act on the Company's direction and to return said funds. This authority will remain in effect until Employer has received written notification from me of its termination in such time and in such manner as to afford Company and financial institution a reasonable opportunity to act on it.

First Name	Middle Initial/Name	Last Name
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Address	City	State	Zip
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Daytime Telephone Number

Evening Telephone Number

Signature (required)

Date

NOTE: Written credit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.