

EQUITABLE FEDERAL CREDIT UNION DIRECT DEPOSIT AUTHORIZATION

Please complete the direct deposit form and forward it to your payroll department for faster processing.

DEBIT/CREDIT AUTHORIZATION

Authorization Code: New Change Cancel

I authorize you and Equitable Federal Credit Union to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

Checking Account # \$

Savings Account # \$

each pay period. This authority will remain in effect until I have cancelled it in writing.

FINANCIAL INSTITUTION INFORMATION

Equitable Federal Credit Union
2000 Brittain Road
Akron, OH 44310

ACCOUNT HOLDER INFORMATION

Name (Please print): _____

SSN: _____

Signature: _____

EMPLOYER INFORMATION

Employer Name: _____

Address: _____

City, State, Zip: _____

⑆ 241273308 ⑆
TRANSIT ROUTING NUMBER (ABA)

STAPLE VOIDED CHECK HERE.