

Direct Deposit / ACH Withdrawal Authorization Agreement		
Personal Information		
Name (First, MI, Last)	Social Security Number	
Street Address		
City	ST	Zip
Home Phone Number	Work Phone Number	
Financial Institution Information		
Name of Financial Institution	Routing Number	
EFCU Financial Federal Credit Union	265473511	
Account Holder's Name	Account Type (check one): <input type="checkbox"/> Savings Acct # _____ <input type="checkbox"/> Checking MICR # _____	
Authorization Agreement		
<p>I hereby authorize _____ to initiate a</p> <p><input type="checkbox"/> Direct Deposit to</p> <p><input type="checkbox"/> ACH Withdrawal from</p> <p>my account listed above. I understand this transaction will continue until I revoke it in writing.</p>		
_____		_____
Member Signature		Date Signed
Employee Name	Branch	Date