

UBI
A COMMUNITY
FEDERAL CREDIT UNION

DIRECT DEPOSIT AUTHORIZATION

PLEASE COMPLETE ALL FIELDS.

EMPLOYEE INFORMATION	
ADDRESS:	
CITY, STATE, ZIP:	
PHONE #:	EMAIL:

ACCOUNT INFORMATION	
FINANCIAL INSTITUTION: UBI Federal Credit Union	
ROUTING NUMBER: (9 DIGITS) 211178705	
ACCOUNT NUMBER: (13 DIGITS)	
ACCOUNT TYPE: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	

I, _____, AUTHORIZE _____

AND MY BANK TO AUTOMATICALLY DEPOSIT INTO MY ACCOUNT LISTED ABOVE (THIS INCLUDES MY AUTORIZATION TO CORRECT ENTRIES MADE IN ERROR). THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL I GIVE WRITTEN NOTICE TO CANCEL IT.

EMPLOYEE SIGNATURE

DATE