



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 AUTHORIZATION TO CORRECT ENTRIES MADE IN ERROR). THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL I GIVE WRITTEN NOTICE TO CANCEL IT.

EMPLOYEE SIGNATURE

DATE