

# FAIRWINDS Credit Union

## QUICK\$TART

## Enrollment Form

Name of Payee: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

Representative Payee:  
Yes (1) \_\_\_\_\_ No (0) \_\_\_\_\_

Account Number: \_\_\_\_\_

Transaction Type (Check One):  
( ) Checking (22)  
( ) Savings (32)

DFI Routing Transit No. 2631-8136-8

Signature \_\_\_\_\_

Date \_\_\_\_\_

FOR ACH DEPARTMENT USE ONLY:

Processed Date: \_\_\_\_\_

Initial(s) \_\_\_\_\_

Type of Payment (Check One):

- ( ) **Social Security**  
(SS Retirement Benefits)
- ( ) **Supp Security Income**  
(SS Supplemental)
- ( ) **VA Benefit**  
(VA Comp or Pension)
- ( ) **Civil Service CSA**  
(Office of Personnel/  
Mgt Retire/Annty)
- ( ) **Civil Service CSF**  
(OPM Survivor/Annuity)
- ( ) **Railroad Retirement BD**  
(RR Retirement/Annuity)
- ( ) **Railroad UISI**  
(RR Unemployment/Sick)
- ( ) **Other**