

| 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 |