



# DIRECT DEPOSIT FORM

## Authorization Agreement for Direct Deposits (ACH Credits)

I hereby authorize: ,  
hereinafter called **COMPANY**, to initiate credit entries and to initiate debit entries and adjustments  
for any credit entries made in error to my account to:

My  Checking  Savings account (select one) indicated below at the depository financial  
institution named below, hereinafter called **DEPOSITORY**, and to credit the same to such account.

**Depository Name:** UNITED POLES FCU      **Address:** 412 NEW BRUNSWICK AVENUE  
**City:** PERTH AMBOY      **State:** NEW JERSEY      **Zip:** 08861      **Fax:** 732-442-1443

Routing Number: 221277971      Account Number:

This authorization is to remain in full force and effect until **COMPANY** has received written  
notification from me of its termination in such time and in such manner as to afford **COMPANY** and  
**DEPOSITORY** a reasonable opportunity to act on it.

**Name:**   
**Street address:**   
**City:**       **State:**       **ZIP Code:**

**Social Security Number**       **Date**

Signed

**Note: All written credit authorization must provide that the receiver may revoke the authorization  
only by notifying the originator in the manner specified in the authorization.**

