

DIRECT DEPOSIT AUTHORIZATION FORM

Name: _____ Date: _____

To: _____

Company Name:

Company Address:

City, State, Zip:

I authorize the above company to begin using my account listed below for my direct deposit.

Bank: **IC Federal Credit Union** _____ Routing Number: **211382850** _____

Account Number: _____

Account Type: Checking Savings

To: _____

Company Name:

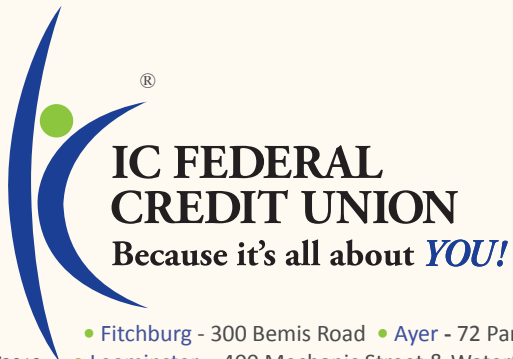
Company Address:

City, State, Zip:

Daytime Phone Number:

Signature: _____ Date: _____

**Please attach a voided check for the IC Federal Credit Union account indicated above.*



Rev. 11/2013

- Fitchburg - 300 Bemis Road
- Ayer - 72 Park Street
- Fitchburg - 520 Electric Avenue
- Leominster - 400 Mechanic Street & Watertower Plaza
- Westminster - 71 Main Street

iccreditunion.org
Connecting All Departments
800.262.1001

