



# DIRECT DEPOSIT FORM

## Authorization Agreement

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to initiate automatic deposits to my account at the financial institution named below. I furthermore, authorize you and WEPCO Federal Credit Union to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account listed below.

This agreement will remain in effect until I, \_\_\_\_\_, and WEPCO Federal Credit Union receives a written notice of cancellation from me or until I submit a new direct deposit form to the Payroll Department.

## Account Information

Name of Financial Institution: WEPCO Federal Credit Union

Routing Number: 252178201

Member's Name: \_\_\_\_\_

Account Number:  
(Exclude Share ID) \_\_\_\_\_

Checking

Savings

## Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a voided check or deposit slip and return this form to the Payroll Department.**