



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 _____ and WEPCO Federal Credit Union receive 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. In the event that you do not have a voided check or deposit slip AND your Payroll Department requires credit union validation, please complete this form and bring with you to any branch location to have a member service representative validate.

Credit Union Representative's Signature

Date: _____

Title

