REALTORS® Federal Credit Union

Direct Deposit Authorization Form

Please Complete and Return This Form To Your Employer.

Employer Information

( ) -

Employer Name | Phone Number | Employee ID (if applicable)

Address | City | State | Zip

Your Information

( ) -

Name | Phone Number

Address | City | State | Zip

I authorize (name of depositor) to automatically deposit funds into the account below. This authorization shall remain in place until I have submitted a new authorization, or until this authorization is changed or revoked by me in writing.

Check your desired direct deposit option. Be sure to include your account number and ABA/Routing Number. You should also attach a voided check to this form from your new REALTORS® FCU account.

❑ Deposit _____% to REALTORS® FCU Checking Account

Account # | 055080431 ABA/Routing #

❑ Deposit _____% to REALTORS® FCU Savings Account

Account # | 055080431 ABA/Routing #

Signature | / / Date

DDAF1102

Your savings federally insured to at least $250,000
and backed by the full faith and credit of the United States Government
NCUA
National Credit Union Administration, a U.S. Government Agency

REALTORS® FCU is insured by the NCUA