

## U\$X Federal Credit Union Direct Deposit Form

Authorization Code:       New                       Change                       Cancel

I authorize you and U\$X Federal Credit Union initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

Checking Account #     \$

Savings Account #     \$

each pay period. This authority will remain ineffect until I have cancelled it in writing.

<b>Financial Institution Information</b>	<b>Account Holder Information</b>
U\$X Federal Credit Union	Name(Please Print):
1293 Freedom Rd.	SSN#
P.O. 1728	Signature:
Cranberry Twp, PA 16066	Date:
	Address:
	City, State, Zip:

|: 243084689 |:

**TRANSIT ROUTING NUMBER (ABA)**

# STAPLE VOIDED CHECK HERE