

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:

<input type="checkbox"/> Checking Account #		\$	
<input type="checkbox"/> Savings Account #		\$	

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

Financial Institution Information	Account Holder Information
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