



EPFCU Direct Deposit Form

Authorization Agreement

I hereby authorize "Company Name:" _____ to initiate automatic deposits to my account at the **EP Federal Credit Union**. I also authorize "Company Name:" _____ to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold "Company Name:" _____ responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by **EP Federal Credit Union** or due to an error on the part of **EP Federal Credit Union** in depositing funds to my account.

This agreement will remain in effect until "Company Name:" _____ receives a written notice of cancellation from me or **EP Federal Credit Union**, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: EP Federal Credit Union

Routing Number: 2540-7422 2

Account Number: _____ Checking Savings

Amount: \$ _____

Signature

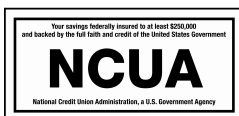
Print Name (Primary): _____

Authorized Signature (Primary): _____ Date: _____

Print Name (Joint): _____

Authorized Signature (Joint): _____ Date: _____

Print the completed form and give it to your payroll office.



Federally insured by NCUA



We do business in accordance with the Federal Fair Housing Law and the Equal Credit Opportunity Act.