



## 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

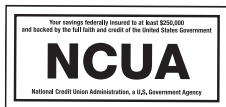
Print Name (Primary): \_\_\_\_\_

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.