



Direct Deposit Authorization

DATE

NAME OF COMPANY MAKING DEPOSIT

MAILING ADDRESS

CITY, STATE, ZIP

To Whom It May Concern:

Please deposit:

my entire check or part of my check to the following account: \$ _____

ACFCU

FINANCIAL INSTITUTION

311376740

FINANCIAL INSTITUTION ROUTING NUMBER

ACCOUNT NUMBER

CHECKING SAVINGS

If you have any questions about this request, please contact me at one of the following numbers:

Daytime: (_____) _____ Evening: (_____) _____

NAME (PLEASE PRINT)

SIGNATURE

MAILING ADDRESS

CITY, STATE, ZIP