

DIRECT DEPOSIT PAYROLL PARTICIPATION FORM

I hereby authorize the Depew UFSD to initiate direct deposit payroll credit entries through the Automated Clearing House to the financial institution and/or Lancaster Depew Federal Credit Union as indicated below. Furthermore, in the event that a credit entry is made to my account in error, I authorize Depew UFSD to make a correcting entry.

Financial Institution Name _____
Financial Institution ABA (Routing) Number _____
Account Number _____
Account Type Net Pay to Checking **OR** Net Pay to Savings

Please verify with your financial institution if a money market or other account is set-up as a checking or savings account.

Lancaster Depew Federal Credit Union
ABA Number 222380427
Account Number _____
 Checking **OR** Share (Savings)

Amount \$ _____ **OR** NET PAY

A copy of a current voided check or a letter from your financial institution must be attached to validate the financial institution, ABA number, and account number.

I understand that my pay will not be direct deposited until a test ("prenote") has been done on my account to verify the accuracy of the information provided and entered.

Name: (Please print) _____

Signature _____ Date _____

Please sign and date this form and return it along with a copy of a voided check or deposit ticket to: Depew UFSD, Payroll Dept., 591 Terrace Blvd., Depew NY 14043.