



Direct Deposit Authorization Form

Please complete this form and send or take it to the payroll department of your employer (a voided check or deposit slip may also be required). If you receive direct deposits from other organizations (Social Security, Military, etc...) that you would like to move to First Community Credit Union (FCCU), you should mail completed copies of this form to them as well.

To (employer or organization): _____

Please accept this notice as permission to have my paycheck or other periodic automatic credit deposited into the FCCU account listed below. I would also like to discontinue any other direct deposits that I currently have established with other financial institutions.

Name of Depositor (your name): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please make this change effective: _____

Month / Day / Year

I
N
S
T
I
T
U
T
I
O
N

First Community Credit Union

PO Box 2180

Jamestown, ND 58402-2180

ABA / Routing Number: 291378693

FCCU Checking Account Number:

(Please refer to the bottom center of your checks for your 11-digit account number.)

OR

FCCU Member Number – Suffix: _____ - _____

I hereby authorize and instruct the company or organization named above to deposit my paycheck or other periodic automatic credit into the FCCU account above, and to discontinue any other direct deposits that are currently in place. This request is to remain in effect until changed by me in writing.

Signature

Date