



ACH Direct Deposit Authorization Form

Sign and complete this form to authorize your employer to initiate credit entries to your account listed below.

By signing this form you give your employer permission to initiate credit entries to your account. You also authorize your employer to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

Employee Information:

Employee Name _____

Employer Name _____

Employer Phone# _____

Direct Deposit to:

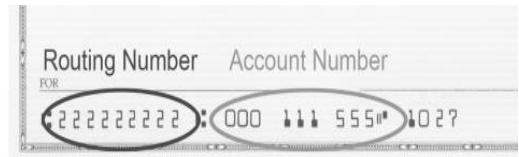
Account Type: Checking Savings Loan
Frequency: Weekly Bi-Weekly Monthly Semi-Monthly

Name on Acct _____

Institution Name Fort Community Credit Union

Account Number _____

ABA Routing # 275977560



SIGNATURE _____

DATE _____

I certify that the information provided on this form is correct, and I hereby authorize my employer to electronically deposit payments to the account designated above. I understand that I must notify employer in writing immediately of any changes in status or account information. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify my employer in writing of any changes to my account information or termination of this authorization.

Fort Atkinson Main
800 Madison Ave
Fort Atkinson, WI 53538

Fort Atkinson South
1610 Janesville Ave
Fort Atkinson, WI 53538

Jefferson
100 N Main St
Jefferson, WI 53549

Watertown
631 Church St
Watertown, WI 53094

Whitewater
203 E Milwaukee St
Whitewater, WI 53190

