DIRECT DEPOSIT AUTHORIZATION

Complete this form and give it to your employer/check issuer to deposit automatically each payment period.

I hereby authorize_____(my employer/check issuer) to initiate credit entries and, if necessary, debit and adjust for any credit entries in error to my account at the following depository

**Deposit to:** Western Division Federal Credit Union
6750 Main Street
Williamsville, New York 14221

**Routing and Transit #:** 2 2 2 0 8 0 2 2 2

**Member #:** _____ Savings _____ **OR** Checking _____

**Please Direct Deposit:** Full check **OR** $ _____

This authority is to remain in full force and effect until the employer/check issuer has received written notification from me of its termination in such time and such manner as to afford a reasonable opportunity to act on it.

| _____ | _____ | _____ |
|---|---|---|
| Print Name | Signature | Date |