

Western Division Federal Credit Union
 6750 Main Street • Williamsville, NY 14221
 Ph: (716) 632-9328 • Fax: (716) 632-1383
 www.westerndivision.org

DIRECT DEPOSIT AUTHORIZATION

Complete this form and submit to your employer/check issuer to make automatic deposits each pay 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	Routing and Transit #
Western Division Federal Credit Union 6750 Main Street Williamsville, New York 14221	222080222

Member #:	Member Name:
Deposit: Full Check <input type="checkbox"/> OR \$	
Deposit to my: Checking <input type="checkbox"/> OR Savings <input type="checkbox"/>	

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.

Signature

Date