



DIRECT DEPOSIT/ACH AUTHORIZATION

Please accept this Authorization for the individual (Member) referenced below as verification that an account has been established with our institution. This Authorization can be accepted as a substitution for a deposit slip or blank check and/or for the following information of the individual's choices:

Member Name: _____

Financial Institution: **Western Division Federal Credit Union**

ABA #: **222080222**

Account #: _____ Savings Checking Other
 Start Change I wish to deposit: Full Check -or- \$ _____

Account #: _____ Savings Checking Other
 Start Change I wish to deposit: Full Check -or- \$ _____

Account #: _____ Savings Checking Other
 Start Change I wish to deposit: Full Check -or- \$ _____

If you have any questions or concerns, please feel free to contact a Member Service Representative at (716) 632-9328 or memberservice@westerndivision.org. Thank you for your assistance.

By signing below, I hereby authorize this transaction. This authority is to remain in full force and effect until the check issuer receives written notification from me of its termination in such time and such manner as to afford a reasonable opportunity to act on it.

Authorizing Signature of Employee/Member

Date