



DIRECT DEPOSIT REQUEST FORM

By signing below I authorize the company referred to in this form to initiate electronic entries and if necessary, debit entries and adjustments for any credit entries made in error to the financial institution identified below. I certify that I am the owner of the account listed below and I understand by signing below that this authorization will remain in force until you have received written notification from me of its termination in such a manner as to afford my employer listed below and the financial institution listed below a reasonable opportunity to act upon my request.

MEMBER INFORMATION/COMPANY INFORMATION

NAME: _____ NAME OF COMPANY: _____
SOCIAL SECURITY NUMBER _____ - _____ - _____ COMPANY ADDRESS: _____
MEMBER HOME PHONE: _____ CITY: _____
CELL PHONE: _____ STATE/ZIP: _____

FINANCIAL INSTITUTION INFORMATION

Financial Institution: FLORIDA WEST COAST CREDIT UNION

Transit/ABA Number: 263182833

Account Number: _____ Type of Account Checking Savings

(To identify your account number click on this link to view a sample check)

EMPLOYEE SIGNATURE: _____ DATE: _____