

Akron Firefighters Direct Deposit



NAME _____ SOCIAL SECURITY # _____

DATE _____

EMPLOYER _____

MAILING ADDRESS _____ CITY, STATE, ZIP _____

SECTION 1-NET PAY	SECTION 2-FIXED AMOUNT
<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE ABA/ROUTING NUMBER 241273081	<input type="checkbox"/> NEW- <input type="checkbox"/> CHANGE ABA/ROUTING NUMBER 241273081
ACCOUNT NUMBER _____	ACCOUNT NUMBER _____
	DEDUCTION AMOUNT _____
UNTIL FURTHER NOTICE, DEDUCT THE ABOVE AMOUNT EACH <input type="checkbox"/> WK <input type="checkbox"/> BI-WK <input type="checkbox"/> SM <input type="checkbox"/> MO AND REMIT TO AKRON FIREFIGHTERS CREDIT UNION, 161 MASSILLON RD., AKRON, OH 44312	

SECTION 3

I HEREBY AUTHORIZE MY EMPLOYER TO INITIATE CREDIT ENTRIES TO MY ACCOUNT AS INDICATED ABOVE IF FUNDS TO WHICH I AM NOT ENTITLED ARE DEPOSITED IN MY ACCOUNT, I AUTHORIZE MY EMPLOYER TO DIRECT AKRON FIREFIGHTERS CREDIT UNION TO RETURN SAID FUNDS. THIS AUTHORIZATION IS TO REMAIN IN EFFECT UNTIL THE COMPANY HAS RECEIVED TIMELY WRITTEN NOTICE FROM ME OF TERMINATION OR UNTIL THE COMPANY OR AKRON FIREFIGHTERS CREDIT UNION HAS SENT ME TEN DAYS WRITTEN NOTICE OF TERMINATION OF THIS AGREEMENT. THE COMPANY MAY ALSO SUSPEND THIS ARRANGEMENT TO FULFILL LAWFUL WAGE ATTACHMENT ORDERS. I UNDERSTAND I AM RESPONSIBLE FOR THE VALIDITY OF THE INFORMATION ON THIS FORM.

EMPLOYEE SIGNATURE _____ DATE _____ WORK PHONE _____

ADDRESS _____ CITY, STATE, ZIP _____

PAY DISTRIBUTION

SAVINGS	\$ _____
SHARE DRAFT/CHECKING	\$ _____
CHRISTMAS CLUB	\$ _____
SPECIAL SAVINGS	\$ _____
LOAN PAYMENT	\$ _____
OTHER:	\$ _____
RELATED ACCOUNT # _____	\$ _____