

DIRECT DEPOSIT AUTHORIZATION FORM

To arrange for a deduction from your pay check to go to your Financial Assurance Federal Credit Union Account:

- (1) - Fill out the **Direct Savings Deposit Ticket** and **distribution Ticket**, referring to the example below.
- (2) - Return **Part 1** with your Social Security Number, Account Number, Name, and Business Phone Number along with your company's **Direct Deposit Authorization Form** to your payroll department.
- (3) - Mail/ Fax Part 2 to Financial Assurance Federal Credit Union.

When completing your company's Direct Deposit Authorization form for your payroll department, your Deduction to the Credit Union must appear as a **savings deposit**. When the Funds are received, we will distribute them according to your instructions on the Distribution Ticket.

LOAN	_____	\$54.35
LOAN	_____	69.25
SHARE 1 SAVINGS	_____	10.00
SHARE 2 CHECKING	_____	100.00
HOLIDAY CLUB	_____	10.00
VACATION CLUB	_____	
TOTAL DEDUCTION	_____	\$243.60 →

This amount must agree with the amount on your Direct Deposit Authorization Form.

FINANCIAL ASSURANCE FEDERAL CREDIT UNION DIRECT SAVINGS DEPOSIT TICKET - PART 1

2 2 6 0 7 7 5 1 6
 TRANSIT / ROUTING NUMBER

 CREDIT UNION ACCOUNT NUMBER

 SOCIAL SECURITY NUMBER

TOTAL DEDUCTION*	_____
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 NAME

* Must equal amount on Distribution Ticket and Direct Deposit Authorization.

 BUSINESS PHONE NUMBER

PART 1:
 RETURN THIS PORTION TO YOUR
PAYROLL DEPARTMENT WITH YOUR
 DIRECT DEPOSIT AUTHORIZATION

DISTRIBUTION TICKET

FINANCIAL ASSURANCE FEDERAL CREDIT UNION DIRECT SAVINGS DEPOSIT TICKET - PART 2

2 2 6 0 7 7 5 1 6
 TRANSIT / ROUTING NUMBER

 CREDIT UNION ACCOUNT NUMBER

DOLLAR. CENTS

 SOCIAL SECURITY NUMBER

TOTAL DEDUCTION*	_____
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 NAME

Loan _____
 Loan _____
 Loan _____
 Share 1 Savings _____
 Share 2 Checking _____
 Holiday Club _____
 Vacation Club _____
 *Total Deduction _____

* This amount must agree with the amount on your Direct Deposit Authorization Form

 BUSINESS PHONE NUMBER

* Must equal amount on Distribution Ticket and Direct Deposit Authorization.

PART 2: RETURN THIS PORTION TO:

X: _____ (SIGNATURE)

X: _____ (DATE)

Financial Assurance Federal Credit Union
 525 Washington Blvd. 33rd Floor, Jersey City, NJ 07310
 Phone: (201) 743-5355 Fax: (201) 743-6520