



DIRECT DEPOSIT SIGN UP FORM

Take this completed form to your employer's payroll department to request direct deposit of your payroll check.

Name: _____

Date of Birth: _____

Last 4 digits Social Security Number: _____

Please directly deposit my payroll to the following account:

ACT 1st Federal Credit Union
14316 National Hwy. SW
LaVale, MD 21502
Routing/Transit/ABA #: 252176889

Account # _____ Checking / Savings (circle one)
_____ Net or _____ Partial deposit in the amount of \$ _____ each pay

Signature Date

I authorize _____ (Name of Employer)
and ACT 1st FCU to automatically deposit my payroll check into my account listed above (this includes my authorization to correct entries made in error.) This authorization will remain in effect until I give written notice to cancel it.



301-729-8015



act1stfcu.org



memberservice@act1stfcu.org

National Highway Branch:

14316 National Hwy. SW
LaVale, MD 21502

Messick Road Branch:

11905 Messick Rd.
Cumberland, MD 21502

Romney Branch:

555 Main St.
Romney, WV 26757