



ACCOUNTABILITY. CREDIBILITY. TRUST.

## 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 \_\_\_\_\_  
\_\_\_\_\_ All 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