



DIRECT DEPOSIT FORM

Authorization Agreement for Direct Deposits (ACH Credits)

I hereby authorize: ,
hereinafter called **COMPANY**, to initiate credit entries and to initiate debit entries and adjustments
for any credit entries made in error to my account to:

My Checking Savings account (select one) indicated below at the depository financial
institution named below, hereinafter called **DEPOSITORY**, and to credit the same to such account.

Depository Name: UNITED POLES FCU **Address:** 412 NEW BRUNSWICK AVENUE
City: PERTH AMBOY **State:** NEW JERSEY **Zip:** 08861 **Fax:** 732-442-1443

Routing Number: 221277971 Account Number:

This authorization is to remain in full force and effect until **COMPANY** has received written
notification from me of its termination in such time and in such manner as to afford **COMPANY** and
DEPOSITORY a reasonable opportunity to act on it.

Name:
Street address:
City: **State:** **ZIP Code:**

Social Security Number **Date**

Signed

**Note: All written credit authorization must provide that the receiver may revoke the authorization
only by notifying the originator in the manner specified in the authorization.**