FEDERAL CREDIT UNION

OPCS FCU Direct Deposit Form

Please complete this form and forward it to your payroll department for faster processing.

Authorization Code: ☐ New ☐ Change ☐ Cancel

I authorize you and OPCS FCU to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

☐ Checking Account # _____ $ _____.__

☐ Savings Account # _____ $ _____.__

each pay period. This authority will remain in effect until I have cancelled it in writing.

FINANCIAL INSTITUTION INFORMATION

Financial Institution: OPCS FCU	Street Address: S. 4000 N. Buffalo Road
City, State & Zip Code: Orchard Park, NY 14127	Phone Number: 716-662-1311

EMPLOYER INFORMATION

Employer Name:	Street Address:
City, State & Zip Code:	Phone Number:

YOUR INFORMATION

Your Name:	Social Security Number:

Your Signature *Date*

222381879

TRANSIT ROUTING NUMBER (ABA)

STAPLE VOIDED CHECK HERE.

Revision Date: 7/2008