



Authorization for AUTOMATIC DEPOSIT

Date: _____

Employer: (Required) _____

Name: (Required) _____

Account No.: (Required) _____ Share ID: _____

Employee ID : _____

Social Security No.: (Required) _____

Please select one box only*

- Checking
- Savings Summertime
- Savings
- Christmas Club

FFCU Routing and Transit Number: 322273489

To Employer:

You are hereby authorized to forward my full/partial pay to Foothill Federal Credit Union (FFCU) for credit to my account(s).

New

Deposit

___ Full Pay

___ Partial Pay \$ _____ (amount)

Update

Change from \$ _____ to \$ _____ (amount)

Cancellation

___ Full Pay

___ Partial Pay \$ _____ (amount)

Member Signature: _____

Please allow 2 - 3 pay periods for processing

***Please complete the distribution as needed**

Add	Delete	Change	Member #	ID	Savings	Summertime	Checking	Christmas	Money Market	Amount
___	___	___	_____	_____	___	___	___	___	___	\$ _____
___	___	___	_____	_____	___	___	___	___	___	\$ _____
___	___	___	_____	_____	___	___	___	___	___	\$ _____
___	___	___	_____	_____	___	___	___	___	___	\$ _____

Completed by (Teller ID): _____

FOOTHILL FEDERAL CREDIT UNION

P.O. Box 660130, Arcadia, CA 91066-0130

(626) 445-0950