FRIENDLY FEDERAL CREDIT UNION

DIRECT DEPOSIT FORM

Please complete the direct deposit form and forward it to your payroll department for faster processing.

Authorization Code: ❑ New ❑ Change ❑ Cancel

I authorize you and Friendly 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	Account Holder Information
Financial Institution: Friendly FCU	Name (Please print):
Address: 2000 Main Street	SS#:
City, State, Zip: Aliquippa, PA 15001	Signature:
Employer Name:	Date:
Address:	
City, State, Zip:	

⑆243379514⑆

TRANSIT ROUTING NUMBER (ABA)

STAPLE VOIDED CHECK HERE.