



DIRECT DEPOSIT/PAYMENT DEDUCTION AUTHORIZATION FORM

160 E College St. Covina, CA 91723
Phone (626) 974-4447, Fax (626) 974-4473
www.unitedcatholicsfcu.org

Please complete this form and return it to your payroll processor or check issuer.

1 YOUR INFORMATION

Name: _____ UCFCU Account # _____

Your Social Security Number: _____

2 TO YOUR PAYROLL PROCESSOR OR CHECK ISSUER

Name of Payroll Processor or Check Issuer: _____

Please Deposit (please check one):

[] My net check

[] A deduction in the amount of \$ _____

To My Account at United Catholics FCU

(Please call Credit Union for routing #)

Routing #

[] Regular Savings (Share) to be deposited to Account # _____

[] Primary Checking Account to be deposited to Account # _____

I understand the Credit Union has permission to reverse any funds to which I am not entitled.

Signature

Date