

AUTOMATIC PAYMENT DEDUCTION FORM

2625 Corporate Place, Monterey Park, CA 91754-7645
Mailing Address: P.O. Box 30831, Los Angeles, CA 90030-0831
800-222-1226 www.fafcu.org



**F&A Federal
Credit Union**

For Them it's Business.
For Us it's Personal.

Date : _____

Please note that I am closing the existing account number _____ from which you are authorized to receive automatic payments. This notice authorizes you to establish automatic payment deduction to my new F&A FCU account as of this date _____.

NEW ACCOUNT INFORMATION

F&A Account Number:

(Check One) Checking Savings Credit Card

F&A FCU Routing Number: 322078383

Attached Voided Check

Member Signature

Date

Printed Name

Social Security or Tax Payer ID Number

Member Signature (Joint Signer)

Print Joint Signer Name

Printed Name

Social Security or Tax Payer ID Number

Please send your acknowledgement of this notice to me at the following address:

Name

Phone Number

Address

Alternative Phone Number



Federally insured
by **NCUA**

DIRECT DEPOSIT AUTHORIZATION FORM

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Complete this form to request direct deposit of your payroll into your F&A FCU checking or savings account.

3 Easy Steps!

- 1 Complete this form electronically, or print it and fill in your information.
- 2 Attach a voided check to this form to confirm your account and routing numbers.
- 3 Submit this completed form and a voided check to the appropriate department:

Payroll Deposits:
Forward this form to your employer's payroll department.

LA County please log in to your payroll portal to enroll.

Retirement/Annuity, Dividend and Other Deposits:
Follow up with your current provider to determine where to forward this document.

Social Security :
To change your Social Security, call 1-800-772-1213 or go to www.ssa.gov

Personal Information:

First Name _____ Middle Initial _____ Last Name _____

Social Security Number _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Alternative Phone Number _____

Type of Deposit:

- Payroll Retirement/Annuity Dividend
 Other : _____ (Non SSA/SSI*)

Account you would like your check automatically deposited into:

F&A FCU Account Number _____

Select One : Checking Savings

F&A FCU Routing Number : 322078383

Name(s) on the Account _____

I authorize (name of the company) _____ and F&A FCU to automatically deposit my payroll check into my account listed above. This authorization will remain in effect until I have filed a new authorization, or until this authorization is revoked by me in writing.

Member Signature _____

Date _____



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