



Direct Deposit Sign-Up Form

Directions

- Use this form to notify your employer (or any other non-governmental organization that regularly sends a payment to you) that you want the proceeds deposited directly into the APGFCU account specified below.
- The payee is to fill in the information requested and sign below. The payee is to submit the completed form to the Payroll Office or Employer identified below.
- A separate form must be completed for each type of payment to be sent by direct deposit.
- Payees must keep the Payroll Office or Employer informed of any address changes in order to receive important information about benefits and to remain qualified for payments.
- To have your direct deposit go to your SAVINGS ACCOUNT, put your member number in the Depositor Account No. box below.
- To have your direct deposit go to your CHECKING ACCOUNT, put the 11 digit account number in the Depositor Account No. box below. Your account number is located after the routing number (255075576) on your checks.

TO BE COMPLETED BY PAYEE/MEMBER			
Name of Payee (last, first, middle initial)			Type of Deposit Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Address (street, route, P.O. Box, APO/FPO)			Depositor Account No.
City	State	Zip	APGFCU Routing No. and Check Digit 2550-7557 6
Phone (with area code)			Name and Address of Financial Institution APG Federal Credit Union P.O. Box 1176 Aberdeen, MD 21001-6716
Type of Pay: <input type="checkbox"/> Net Pay <input type="checkbox"/> Allotment			
If this is an allotment, indicate amount? _____			

PAYEE/JOINT PAYEE CERTIFICATION
<p>I hereby authorize _____ (your employer or payor's name) to initiate credit entries to my APGFCU account cited above. By signing this form, the employee authorizes the employer or payor to debit the account to recover any funds to which the employee was not entitled that were deposited to the account in error according to NACHA rules.</p> <p>I certify that I am entitled to the payment identified above. In signing this form, I authorize my payment to be sent to the financial institution named above to be deposited to the designated account. This authorization remains in effect until canceled by the recipient by notice to the Payroll Office/Employer.</p> <p>Payee/Joint Payee Signature _____ Date _____</p>