United Police FCU 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 United Police 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: United Police FCU										Name (Please print):													
Address: 400 N.W. 2nd Avenue, Room 309										SS#:													
City, State, Zip: Miami, FL 33128-1786										Signature:													
Employer Name:										Date:													
Address:																							
City, State, Zip:																							
■ 266080437 ■ TRANSIT ROUTING NUMBER (ABA)																							
STAPLE VOIDED CHECK HERE.																							