U$X Federal Credit Union
Direct Deposit Form

Authorization Code: ☐ New ☐ Change ☐ Cancel

I authorize you and U$X Federal Credit Union 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 ineffect until I have cancelled it in writing.

Financial Institution Information	**Account Holder Information**
U$X Federal Credit Union	Name(Please Print):
1293 Freedom Rd.	SSN#
P.O. 1728	Signature:
Cranberry Twp, PA 16066	Date:
	Address:
	City, State, Zip:

|: ***243084689*** |:

TRANSIT ROUTING NUMBER (ABA)

STAPLE VOIDED CHECK HERE