



## Direct Deposit Authorization Form

To enjoy the benefits of Direct Deposit, complete and sign this form and give it to your employer. Please refer to your employer for Direct Deposit start date.

### Member Information

Member Name:

Street Address:

City, State, Zip:

### Firefighters First Credit Union Information

P.O Box 60890

Los Angeles, CA. 90060-1626

(800) 231-1626

[www.firefightersfirstcu.org](http://www.firefightersfirstcu.org)

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PAY TO THE ORDER OF _____	\$ _____																														
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MEMO _____	_____																														
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Routing Number	Account Number																														

I hereby authorize my employer, \_\_\_\_\_ to initiate deposits (credits) and/or corrections (debits) to my designated account listed above at Firefighters First Credit Union. This authority will remain in full force until I give written notification to my employer/depositor cancelling this authorization.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date