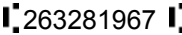


Emerald Coast Federal Credit Union Direct Deposit Form

Please complete the direct deposit form and forward it to your payroll department for faster processing.

Authorization Code: <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	
I authorize you and Emerald Coast Federal Credit Union to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:	
<input type="checkbox"/> Checking Account #	\$
<input type="checkbox"/> 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: Emerald Coast Federal Credit Union	Name (Please print):
Address: 502 Woodward Avenue	SS#:
City, State, Zip: Port St. Joe, FL 32456	Signature:
Employer Name:	Date:
Address:	
City, State, Zip:	



263281967

TRANSIT ROUTING NUMBER (ABA)

STAPLE VOIDED CHECK HERE.