



Direct Deposit Sign-up Form

DIRECTIONS

- You may either print this form and fill it out by hand, or you can save it to your computer and open it in Acrobat Reader and fill the fields in with your keyboard. Use the Text Select Tool to click on each field and type in all information or check the box. You can also use the Tab key to move to the next box. Print the form once it is completely filled out.
- To sign up for direct deposit, the payee is to read page 2 of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to APGFCU. We will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Payroll office or Employer identified below.
- 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.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- To have your Direct Deposit go to your SAVINGS ACCOUNT put your member number in the boxes below.
- To have your Direct Deposit go to your CHECKING ACCOUNT put the **11 digit account number** that is right after 2550-7557-6 on your checks, in the boxes below. (Ex. 255075576: 12345678900:" 1234)

SECTION 1 (TO BE COMPLETED BY PAYEE/MEMBER)

NAME OF PAYEE (*last, first, middle initial*)

TYPE OF DEPOSITOR ACCOUNT:

CHECKING

SAVINGS

ADDRESS (*street, route, P.O. Box, APO/FPO*)

DEPOSITOR ACCOUNT NUMBER

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CITY

STATE

ZIP CODE

TYPE OF PAY:

NET PAY

ALLOTMENT

TELEPHONE NUMBER W/AREA CODE

if it is an allotment, how much?

NAME OF PERSON(S) ENTITLED TO PAYMENT (*if applicable*)

CLAIM OR PAYROLL ID NUMBER (*if applicable*)

Prefix

Suffix

PAYEE/JOINT PAYEE CERTIFICATION - I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.

By signing this form, the employee authorizes the employer 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.

PAYEE SIGNATURE

DATE

SECTION 2 (TO BE COMPLETED BY PAYEE/MEMBER)

PAYROLL OFFICE / EMPLOYER NAME

PAYROLL OFFICE / EMPLOYER ADDRESS

SECTION 3 (TO BE COMPLETED BY APGFCU)

NAME AND ADDRESS OF FINANCIAL INSTITUTION

Aberdeen Proving Ground Federal Credit Union
 P.O. Box 1176
 Aberdeen, MD 21001-6176

ROUTING NUMBER

2	5	5	0	7	5	5	7
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CHECK DIGIT

6

DEPOSITOR ACCOUNT TITLE

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above

PRINT OR TYPE REPRESENTATIVE'S NAME

SIGNATURE OF REPRESENTATIVE

TELEPHONE NUMBER

DATE

APGFCU WILL MAIL THE COMPLETED FORM TO THE PAYROLL OFFICE / EMPLOYER IDENTIFIED ABOVE.

PLEASE READ THIS CAREFULLY

The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Payroll Office / Employer to APGFCU and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

CANCELLATION

The agreement represented by this authorization remains in effect until canceled by the recipient by notice to the Payroll Office / Employer or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify APGFCU that he/she is doing so.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by APGFCU until the Payroll Office / Employer is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new Direct Deposit form at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIM

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

APGFCU Mailing Address

Aberdeen Proving Ground Federal Credit Union
ATTN: Support Services Department
P.O. Box 1176
Aberdeen, MD 21001-6176