



# Direct Deposit / Automatic Withdrawal

Name (print) \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Day Time Phone # \_\_\_\_\_

Merchant or Company ID # \_\_\_\_\_

**Financial Institution to be credited/debited**

CFCU Community Credit Union  
1030 Craft Road  
Ithaca, NY 14850-1016

**Routing/ABA Number**

2213-8154-0

**CFCU Account MICR Number**

\_\_\_\_\_

**Select One**

Savings\_\_\_ Checking\_\_\_

\_\_\_\_\_  
**Signature of CFCU Representative**

\_\_\_\_\_  
**Title of Representative & Phone Number**

Direct Deposit / Automatic Withdrawal Action (check one): New\_\_\_ Change\_\_\_ Stop\_\_\_

1. I request and authorize \_\_\_\_\_ to deposit / withdraw (circle one) from my account with CFCU Community Credit Union until such time as a stop or change is submitted by me.
2. I further authorize posting error corrections to my account and repayment to the aforementioned company for amounts deposited in error and agree to pay the aforementioned company for any amounts not recoverable from my account. \_\_\_\_\_ is not responsible for my financial obligations.
3. I release, indemnify and hold harmless CFCU Community Credit Union and \_\_\_\_\_ from any losses, claims, suits, demands, costs, fees, damages, expenses or liability which may arise for any reason on my account of such deposits, corrections and repayments to or from my account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

All forms should be remitted directly to the merchant or company you wish to establish, change or cancel direct deposit or automatic withdrawals with.

Be sure to use a separate form for each merchant or company.

**Please Note** – Most direct deposits take at least 2 pay periods before they are active to allow verification processing. If you would like your deposits to be disbursed to more than one product then please fill out a CFCU Community Credit Union Transfer Authorization Card.

8/05

