

Submit this form to your employer or any company or organization that you want to automatically deposit funds into your Freedom First Account. (Your employer or other organization may require a voided check.) You may make additional copies if necessary.

Please Print_____
Name_____
Daytime Phone Number

I hereby authorize Direct Deposit of my paycheck/recurring payment to my Freedom First Account. I understand my employer has the right to reverse erroneous entries. This authorization is in effect until written notification from me of its termination in such a manner as to afford the originator a reasonable opportunity to act on it.

Signature_____
Date***Financial Institution Information***

Freedom First Credit Union
5240 Valleepark Drive
Roanoke, VA 24019
Phone: (540) 389-0244 or (866) 389-0244
Fax: (540) 378-8952

Routing/Transit Number 251483023_____
Freedom First Account Number

Checking

Savings

If you have any questions, please contact us at the address or phone number indicated in this document.