Direct Deposit
Authorization Form

Name:_____

Street Address: _____

City, State, Zip: _____

☐ Start Direct Deposit

☐ Change financial institution to Affinity One FCU

Affinity One FCU Routing/Transit Number: **222381057**

☐ Checking ☐ Savings **(check one)**

Account Number: _____

☐ Deposit all of my check

☐ Part of my check (specify amount per pay period): $ _____

Affinity One FCU employee verification that information is accurate:

Name: _____ Date: _____

Sign Below

I hereby authorize and request my employer to make payment of my earnings by initiating credit or adjustment entries to my account listed above. I also authorize and request Affinity One FCU to accept any such entries or adjustments to my account without Affinity One FCU being responsible for the correctness thereof. If funds to which I am not entitled are deposited to my account, I authorize my employer to direct Affinity One FCU to return said funds. Such automatic deposits will be made on each successive payday unless I terminate this agreement. Cancellation of direct deposit needs to be directed to my employer's payroll department.

Signature: _____ Date: _____

Automatic Withdrawal

Authorization Form

To: _____ ***(Auto Payee)***

Re. Acct #: _____ ***(Auto Payee account number)***

This form serves to notify you I have an open account at AffinityOne FCU and I authorize and request you to deduct my automatic payments.

Financial Institution:

Affinity One FCU, 545 E 2nd St, Jamestown, New York 14701

Routing: **222381057**

Account Number: _____

Account Type: _____

Amount: _____

Frequency: _____

Effective: _____

Signature: _____ **Date:** _____

Name: _____

Street Address: _____

City, State, Zip: _____

Print