DIRECT DEPOSIT AUTHORIZATION

**Complete this form and give it to your employer/check issuer
to deposit automatically each payment period.**

I hereby authorize _____ (my employer/check issuer) to initiate credit entries and, if necessary, debit and adjust for any credit entries in error to my account at the following depository.

Deposit To: **SUNY Fredonia Federal Credit Union,
G139 Williams Center, Fredonia, NY 14063**

Routing & Transit #: **2 2 2 3 8 3 0 6 8**

My 14 Digit Account #: **1 1 0 7 0 0 0** __ __ __ __ __ __ __

Account Type: [ ] Savings or [ ] Checking

Please Direct Deposit: [ ] Full Net Check or

[ ] $_____ (Partial Check Amount)

This authority is to remain in full force and effect until the employer/check issuer has received written notification from me of its termination in such time and such manner as to afford a reasonable opportunity to act on it.

_____   _____   _____
PRINT YOUR NAME   SIGNATURE   DATE