Direct Deposit Authorization Form

To enjoy the benefits of Direct Deposit, complete and sign this form and give it to your employer. Please refer to your employer for Direct Deposit start date.

Member Information

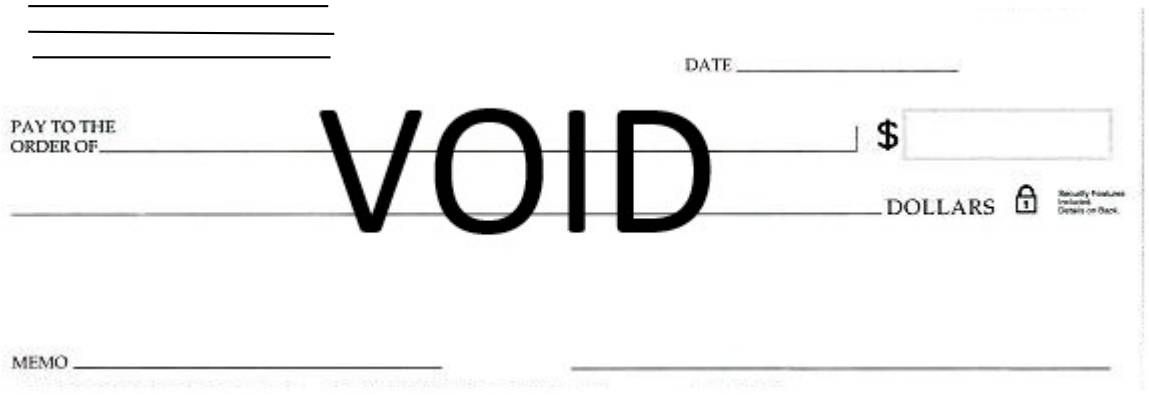
Member Name:

Street Address:

City, State, Zip:

Firefighters First Credit Union Information

P.O Box 60890
Los Angeles, CA. 90060-1626
(800) 231-1626
www.firefightersfirstcu.org



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Routing Number

Account Number

I hereby authorize my employer,_____to initiate deposits (credits) and/or corrections (debits) to my designated account listed above at Firefighters First Credit Union. This authority will remain in full force until I give written notification to my employer/depositor cancelling this authorization.

_____ _____
Member Signature Date