

Direct Deposit

CHANGE NOTICE

My Name: _____

Address: _____

City/State: _____ Zip: _____

Social Security # _____

Telephone: (_____) _____

PLEASE SEND MY PAYCHECK DIRECT DEPOSIT PER INSTRUCTIONS.

Send my paycheck Direct Deposit to:
First American Credit Union
1982 Cranston Rd., PO Box 878
Beloit, WI 53512-0878

First American Routing Number:
275977049

Your First American MICR Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

- Checking
 Savings

CHECK ONE:

I was previously receiving my paycheck:

- Via paper check
 Via direct deposit (*fill out information below*)

Previous Financial Institution:

Previous Checking Account Number:

I authorize this change in my direct deposit.

Signature: _____

Effective Date: _____



Give this to your current employer's human resources or payroll department.

FIRST AMERICAN: (800) 776-7159

Checking Account

CHANGE NOTICE

My Name: _____

Address: _____

City/State: _____ Zip: _____

Social Security # _____

Telephone: (_____) _____

PLEASE CLOSE THIS CHECKING ACCOUNT PER MY INSTRUCTIONS.

Previous Financial Institution:

Checking Account Number To Be Closed:

Name(s) on Account:

CHECK ONE:

Send the balance of my account with this form:

- Via check to me at the address at top
 Via check to:

First American Credit Union
1982 Cranston Rd., PO Box 878
Beloit, WI 53512-0878

Please include my FACU account on the check:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

- Checking
 Savings

Signature: _____

Effective Date: _____



Send this to the financial institution that has your checking account.

FIRST AMERICAN: (800) 776-7159

Automatic Payment

AUTHORIZATION

My Name: _____

Social Security # _____

Financial Institution Where Payment Is Being Drawn From:

Name: _____

City/State: _____

My Account Number With The Above Company:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Payment Amt: \$ _____ Start Date _____

- Weekly Bi-Weekly Monthly Semi-Monthly On: _____

Your First American MICR Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

- Checking
 Savings

FOR CREDIT UNION USE ONLY

Prepared _____ Date _____

Authorization is hereby revoked _____ Effective _____

I authorize FIRST AMERICAN and the financial institution number above to initiate variable entries to my checking/savings account. This authority will remain in effect until I notify FIRST AMERICAN in writing to cancel it in such time as to afford the Credit Union a reasonable opportunity to act on it. I can stop payment of any entry by notifying you or my financial institution 3 DAYS BEFORE MY ACCOUNT IS CHARGED. I can have the amount of erroneous charges immediately credited to my account up to 15 days following issuance of my financial statement or 46 days after posting, whichever occurs first. Transactions returned for any reason will be subject to a service fee of \$24.00.

Signature: _____

Effective Date: _____



This document will remain on file at First American.

FIRST AMERICAN: (800) 776-7159