



Direct Deposit / Electronic Debit Authorization

I, _____, a member of Actors Federal Credit Union (ActorsFCU), am requesting/authorizing the initiation of the following:

DIRECT DEPOSIT

Amount: My entire check
 \$ _____ . ____ per pay period

Into my: Savings: 1 1 4 3 0 0 0 0 (Up to 5 digits)
 Checking: 1 1 4 3 0 0 0 0 (Up to 6 digits)

ELECTRONIC DEBIT

Amount: \$ _____ . ____

Frequency: Weekly Bi-Weekly Monthly
 Quarterly Semi-Annually Annually

Out of my: Checking: 1 1 4 3 0 0 0 0 (Up to 6 digits)

COURTESY PAY AUTHORIZATION

If the funds in my ActorsFCU Checking account are unavailable or insufficient to pay the above electronic debit, I authorize ActorsFCU to pay this electronic debit using the overdraft protection I have chosen at ActorsFCU, up to the limit of that overdraft protection.

ActorsFCU Information

Institution Name: Actors Federal Credit Union
Institution Address: 165 West 46th Street
New York, NY 10036
Institution Phone Number: (212) 869-8926
Institution ABA/Routing/Transit Number: 2 2 6 0 7 7 0 7 9

SIGNATURE

Member Signature

Date