



Authorization for
AUTOMATIC (DIRECT DEPOSIT)

COMPANY NAME: COMPANY ID#

I/We authorize the COMPANY (named above) to initiate credit entries and, if necessary, to initiate any debit entries to correct an erroneous credit entry to my/our account at the DEPOSITORY (identified below), for the purpose of automatically depositing funds to my/our account. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

DEPOSITORY NAME: WORKERS CREDIT UNION

BRANCH: 815 Main Street

PHONE: 978-345-1021

CITY: Fitchburg

STATE: MA

ZIP: 01420

ROUTING NUMBER: 211382931

See attached voided check/draft or deposit slip

ACCOUNT NUMBER:

CHECKING

SAVINGS

OTHER

New Authorization

Change to previous

Termination

I/We understand that this authorization replaces any previous authorization and will remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) (Printed or Typed)

ID#

(Signature)

(Date)

(Signature)

(Date)