

Direct Deposit Enrollment

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NEW

CHANGE

CANCEL

Use this form to notify your employer (or any other non-governmental organization that regularly sends a payment to you) that you want the proceeds deposited directly into the Aspire Federal Credit Union accounts specified below.

Member Name _____ Social Security Number _____
Address _____
City, State, Zip _____
Phone Number _____

I hereby authorize (company/organization name) _____, hereinafter called "ORIGINATOR", to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit error to my account(s) indicated below and the depository institution named below, to credit and/or debit the same to such account.

Primary Account:	
Financial Institution Name	Aspire Federal Credit Union
Amount to Deposit	<input type="checkbox"/> Net Pay <input type="checkbox"/> \$ _____ (fixed amount)
Routing/ABA Number	226076083
Account Number	_____
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

If the ORIGINATOR allows direct deposit to more than one account, I elect to have part of my proceeds put into the following account:

Secondary Account:	
Financial Institution Name	Aspire Federal Credit Union
Amount to Deposit	<input type="checkbox"/> Net Pay <input type="checkbox"/> \$ _____ (fixed amount)
Routing/ABA Number	226076083
Account Number	_____
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

This authority is to remain in full force and effect until ORIGINATOR has received written notification from me of its termination in such time and in such manner as to afford ORIGINATOR and Aspire Federal Credit Union a reasonable opportunity to act on it.

Member Signature: _____ **Date:** ____/____/____