

UNITED

COMMUNITY CREDIT UNION

DIRECT DEPOSIT AUTHORIZATION FORM

Company Name _____

I (we) hereby authorize _____, hereinafter called

Company, to initiate credits to my (our) () Checking () Savings Account at United

Community Credit Union, hereinafter called Depository, to credit, the same to such account.

313082171

ABA Number

Member Account Number

This authorization is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Name _____ ID Number _____

(Please print)

Date _____ Signature _____

SUMMERWOOD
13700 E Sam Houston Pkwy
Houston, TX 77044

NORMANDY
771 Normandy
Houston, TX 77015

GALENA PARK
1700 16th Street
Galena Park, TX 77547

CROSBY
14028 FM 2100 Rd
Crosby, TX 77532

713.674.5778 | www.unitedccu.com