

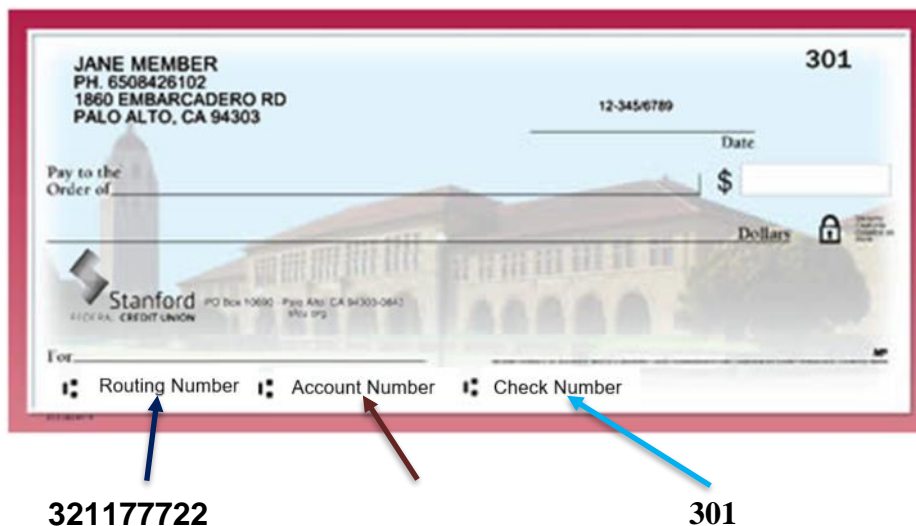
Non-Federal Direct Deposit Enrollment Request Form

Authorization agreement for automatic deposits (ACH)

Please follow these directions

1. Ensure the entire form is complete. If printing, sign and date it.
2. If providing this form directly to your Employer, they should review this form for completeness and suitability. If Employer / Company prefers or requires their own form, use the account type, number and ABA routing number below to complete their form.
3. Enter the account information on the form into your employers Human Resources Payroll portal or provide it to your employer.

Employer or Company name: _____
Account type: **Checking**
Deposit amount or percentage: _____
ABA routing number: **321177722**
Account Number: _____
Stanford FCU's address: **P.O. Box 10690, Palo Alto CA 94303-0843**
Stanford FCU's phone: **650.723.2509**



I (we) authorize the above named Employer / Company to initiate credit entries to my Stanford Federal Credit Union checking and / or Savings accounts indicated below and to credit the same to such account. I (we) acknowledge that the origination of the ACH transaction to my (our) account must comply with the provision of U.S. law.

Member name: _____

Signature: _____

Date: _____