



ST. JOHN UNITED FEDERAL CREDIT UNION
DEPOSIT/CHANGE AUTHORIZATION FORM

Press Hard When Writing

Name _____
First Initial Last

Home Address _____
Street City Zip Code

Payroll No. _____
(from paycheck) Social Security No. _____

Employer _____ Department _____

Home Phone No. _____ Work Phone No. _____

Credit Union ABA #222080125
ACH Code: Savings 32
Acct. # _____
OFFICE USE ONLY

New Account

Total Deduction \$ _____

Shares \$ _____ Effective Date _____

Xmas \$ _____ Effective Date _____

Loans \$ _____ Effective Date _____

Other \$ _____ Effective Date _____

-OR-

Change Current Acct.
(include closing account)

Shares from \$ _____ To \$ _____ Effective Date _____

Xmas from \$ _____ To \$ _____ Effective Date _____

Loans from \$ _____ To \$ _____ Effective Date _____

Other from \$ _____ To \$ _____ Effective Date _____

Signature _____ Print Name in Full _____ Date _____

White Copy - FISCAL OFFICE :: Yellow Copy - CREDIT UNION :: Pink Copy - MEMBER