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Re: Direct Deposit Enrollment Request

To Whom It May Concern:

I authorize (_____) to change my direct deposit to my account at Family Trust Federal Credit Union. My account information is provided below. This authorization is to remain in effect until written notification to terminate has been received. Please contact me with questions.


First Name	MI	Last Name	Phone

Address	Street	City	ST	Zip

Account Information

Financial Institution: Family Trust Federal Credit Union P.O. Box 10233 Rock Hill, SC 29731	Routing Number #:
	FTFCU Member Acct No.
	<i>Choose 1:</i> <input type="checkbox"/> entire pay <input type="checkbox"/> specified amount _____

Use this Sample Check to set up Direct Deposit

— — —	Date _____	0101
Pay to the Order of _____	\$ _____	Dollars
FAMILY TRUST <i>Federal Credit Union</i> 	VOID	
Memo _____		
253279659 : 42100 80 12 34 56	7	0101

Signature _____ Date _____