AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

Name _____

Social Security # _____

I hereby authorize automatic deposit to my checking/savings account(s) indicated below in the financial institution named below.

This authorization is to remain in effect until written notification from me of it's termination or change is received by my Pay Center and in such timely manner as to present a reasonable opportunity for them to act.

_____ _____

SIGNATURE DATE

Please allow two pay periods for a direct deposit initiation, termination or change.

DEPOSITORY NAME:	First Service Federal Credit Union 100 Main St., Groveport, OH 43125 Phone: (614) 836-0100	
TRANSIT NUMBER:	244077682	
Account #		
SAVINGS	01_____00	Amt Each Pay $ _____
CHECKING	01_____05	Amt Each Pay $ _____
OTHER	01_____ __	Amt Each Pay $ _____