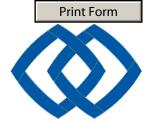
Direct Deposit Form

Checking Account

Copy to:

Employer:

Authorization Code	
New	
Change	
Cancel	



Northeast Community Credit Union

980 Jason Witten Way Elizabethton, Tennessee 37643

Phone: 423-547-1200 Fax: 423-547-3825 www.BeMyCU.org

I authorize you and credit union to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

□ Savings Account

Account #	Account #
\$ Amount	\$ Amount
Credit Union Information	Member Information
Northeast Community Credit Union	Name of Employer:
980 Jason Witten Way	
Elizabethton, TN 37643	Address of Employer:
Our Transit Routing # (ABA): 264278827	Address of Employer:
request at the credit union office in writing. I wish to	the same method in which I began it, namely by completing a direct deposit continue making my loan payments by direct deposit until such time as I decide to in the event of bankruptcy. If I fail to so terminate, I request that payments dance with my pre-bankruptcy instructions.
Member Signature:	Date:
CU Signature:	Date Received:

If you have questions, please call the credit union at (423) 547-1200.

Credit Union: