

CREDIT UNION DIRECT DEPOSIT

(**For Farmers use only.** All other members, please contact your Human Resources Department for instructions.)

Please complete both sides of this authorization card and return it to the Credit Union.

Name _____
Please print

Member Number _____

Social Security Number _____ - _____ - _____

I hereby authorize Farmers Group, Inc. to initiate deposits (credits) to FIGFCU commencing _____ / _____ / _____.

This authorization shall remain in effect until further notice by me. I further authorize **Farmers Group, Inc.** to initiate withdrawals and/or adjustments (debits) for any deposit entries (credits) made in error to my account(s). I authorize Farmers Insurance Group Federal Credit Union to honor the refund requests (debit adjustments) initiated by **Farmers Group, Inc.**

In consideration for **Farmers Group, Inc.** making these deposits, I hereby release them from all liability in connection therewith. This supersedes any previous authorization for deductions.

Yes, please place me on **DIRECT DEPOSIT.**

Signature: _____

Date: _____ / _____ / _____

No change will be made until the Credit Union receives your authorization. Changes will become effective the next pay-period if the authorization is received before the "cut-off" date established by **Farmers Group, Inc.** If the request is received after the "cut off," the change will become effective the following pay-period.

Received by: _____ Date: _____

INSTRUCTIONS FOR DISTRIBUTION

Please indicate below the manner in which you want your funds distributed.

Deposit to:

Member number: _____

Account Type: _____

Amount: \$ _____

Member number: _____

Account Type: _____

Amount: \$ _____

Member number: _____

Account Type: _____

Amount: \$ _____

Member number: _____

Account Type: _____

Amount: \$ _____

**Start a savings plan
by having a portion
of each paycheck
deposited directly
into your savings
account!**