

Date: _____

Company Name: _____

Company Address: _____

Company City, State and Zip: _____, _____, _____

Attn: Payroll Department

RE: Direct Deposit

Please accept the attached Direct Deposit Authorization form(s) using this letter as a substitute for a copy of a check.

Members Name: _____

ABA/ Routing Number: 322078257

Savings Account Number: _____

Checking Account Number: _____

Member Service Representative: _____

Authorized member signature: _____

If you have any questions, please call (866) 459-2345.

Sincerely,

Schools Federal Credit Union
2200 W. Artesia Blvd.
Rancho Dominguez, CA 90220