

Direct Deposit Authorization

Enjoy the security and convenience of having your money automatically deposited into your Xceed Financial Credit Union account.

Three Simple Steps:

1. Complete this form.
2. Provide your new Xceed Financial account number and 9-digit routing number.
3. Submit this completed form and a voided Xceed Financial check to your employer or any other source that deposits funds into your former account.

For assistance, please call
Xceed Financial Credit Union:
800.XFCU.222

Start Direct Deposit Change of Financial Institution Change of Account Number

Employee Name: _____

Payroll #: _____

Deposit _____ (enter \$ amount or "net pay") each pay period into my
 Savings Checking Money Market HSA

Deposit net amount to my Checking Savings

Bank/Financial Institution Name: **Xceed Financial Credit Union**

Bank/Financial Institution Account#: _____
Attach voided check for checking or enter base account number for savings.

Bank/Financial Institution Routing/Transit#: **322275490**

Authorization

I hereby agree that:

- My employer and my employer's financial institution can initiate credit entries or debit entries to my designated Xceed Financial Federal Credit Union account as necessary to directly deposit my net pay or to correct any erroneous credit entries. Erroneous credits may be reversed by debit entry without advance notice to me, although I will be notified by my employer after the fact if an erroneous credit is reversed. I must restore any negative balance in any Xceed Financial Credit Union account that results from reversal of an erroneous credit.
- Xceed Financial Federal Credit Union may credit and/or debit entries initiated by my employer and my employer's financial institution to my designated Xceed Financial Credit Union account.
- This authorization will supersede any previous requests for my direct deposit and remain in full force and effect until I submit to my employer a written notice of change or cancellation. Any change or cancellation must be provided in a time and manner that affords my employer and Xceed Financial Federal Credit Union a reasonable opportunity to act on it.
- I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Signature _____

Date _____