

## **DIRECT DEPOSIT AUTHORIZATION**

Date			
Employer/Depositor's Name			
Address			
City/State/Zip			
To Whom It May Concern:			
Please discontinue sending my a	utomatic direct dep	osit to account(s)	
ccount # Financial Institution:			
Please send my direct deposit of	\$	to:	
Employees Choice Federal Cre 266 S. Magnolia Avenue, Suite El Cajon, California 92020 P: 619.579.0941			
Routing Number: 322275212	Account Number:		Savings / Checking
Thank you,			(circle one)
X_ Member Signature			
Name (Print)		Social Security Nu	mber (if required by depositor)
Address			
City/State/Zip			

266 S. Magnolia Avenue, Suite 101, El Cajon, California 92020 P: 619.579.0941 F: 619.579.2057