



DIRECT DEPOSIT AUTHORIZATION FORM

211-31 Jamaica Avenue
Queens Village, NY 11428
Email: Visit www.QsideFCU.org/secure-email
Phone: (718) 353-1300
Fax: (718) 353-5399
www.QsideFCU.org

Directions: Complete and return this form via email by visiting www.QsideFCU.org/secure-email. Or, you may deliver it in person, by fax or regular mail.

ABA #: 221476413 Account number: _____
(14 digits)

Full name: _____

Employee number: _____ Social security number: _____

Telephone number: _____ _____ _____
(home) (cell) (work)

Date of first deduction: _____

Total deduction: \$ _____
 Weekly
 Semi-monthly
 Retiree

Distribution: Savings \$ _____
 Holiday Club \$ _____
 Vacation Club \$ _____
 Checking \$ _____
 Money Market \$ _____
 IRA \$ _____
 Loan # _____ \$ _____
 Loan # _____ \$ _____
 Loan # _____ \$ _____
 Other \$ _____

You hereby agree to revise your payroll deduction/direct deposit amount from your employer to Qside FCU in accordance with the amount and allocations listed above. Failing to make such change(s) can result in delinquency and/or late fees and/or suspension of credit union services.

Member Signature: _____ Date: _____