



Direct Deposit Request

Phone: 703.914.8700/540.644.9515 • Fax: 703.245.0540
6462 Little River Turnpike 4483 James Madison Parkway
Alexandria, VA 22312 King George, VA 22485

To: _____

From: _____ Member's Name: _____

Address: _____ City: _____

State, Zip: _____ Social Security Number _____

RE: Direct deposit routing

Please send my direct deposit to InFirst FCU. Infirst FCU's routing information is:

InFirst Federal Credit Union
Alexandria, VA 22312
Routing/ABA # 254075438

Deposit instructions:

Deposit entire amount to checking account number _____

Deposit entire amount to savings account number _____

Deposit \$ _____ to checking account number _____

Deposit \$ _____ to savings account number _____

I authorize:

- Above listed entity to initiate deposit of my funds to my InFirst FCU checking or savings account.
- InFirst FCU to credit entries to my account(s).
- This authorization to remain in effect until I send written notice of change or cancellation.

Signature _____ Date _____