



Direct Deposit Authorization Form

Name of Member: _____

Name of Institution: Howard University Employees Federal Credit Union

Routing Number: 2540-7472-7

Member/Account Number: _____

Account Type: Savings Checking

New Update Existing Account

Amount of Direct Deposit: \$ _____

I certify that the information provided is correct and would like direct deposit to be placed into the above referenced account.

Signature of Accountholder

(Date)

Approved by: _____

Credit Union Representative