



**ACH/DIRECT PAYMENT TRANSACTIONS**

Date: \_\_\_\_\_

*This form is in lieu of a cancelled check for ACH Transactions, direct deposit or debit of funds.*

Account Holder Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ , \_\_\_\_\_ \_\_\_\_\_

**GPO Routing Number: 221380761**

Account Number: \_\_\_\_\_

Checking

Savings

**CREDIT UNION USE ONLY**

Sent By: \_\_\_\_\_