

# Direct Deposit Enrollment Form

Routing and Transit Number: 272483840



## Affinity Group Credit Union

**Complete and return this form to your employer for immediate processing.**

- Start
- Change \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

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

Telephone: (\_\_\_\_) \_\_\_\_\_

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

**Please list account number without dashes or other characters in ONE of the account type fields below.**

Your account number, up to eight digits, can be found on your Affinity Group Credit Union account statement.

Savings \_\_\_\_\_000

Money Market \_\_\_\_\_070

Checking \_\_\_\_\_080

Type of deposit:  Full Pay  Allotment \$ \_\_\_\_\_

*Employers Only: The additional digit at the end of the account number is required for processing (i.e. 000, 070, 080)*

Employer Name: \_\_\_\_\_

Employer Address 1: \_\_\_\_\_

Employer Address 2: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

**Automatic Payment Change Form**  
Give this to Company / Payee



**Affinity Group Credit Union**

**Please route this automatic payment per my instructions:**

Company to receive payment \_\_\_\_\_ Account Number \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Payment Amount \$ \_\_\_\_\_

- Monthly
- Bi-Weekly
- Weekly

**I authorize my automatic payment to be debited from my Affinity Group Credit Union account effective \_\_\_\_/\_\_\_\_/\_\_\_\_.**

Please transfer any remaining balance to:

Affinity Group Credit Union      800-552-8643  
144 East Pike Street,  
Pontiac, MI 48342-2632

Affinity Group Credit Union Routing Number:

272483840  
Account Number \_\_\_\_\_

- Savings
- Checking

Authorized Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**Automatic Payment Cancel Form**  
Give this to Company / Payee



**Affinity Group Credit Union**

**Please cancel this automatic payment per my instructions:**

Company to receive payment \_\_\_\_\_ Account Number \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Financial Institution \_\_\_\_\_ Account Number \_\_\_\_\_

Payment Amount \$ \_\_\_\_\_

- Monthly
- Bi-Weekly
- Weekly

**I authorize my automatic payment to be canceled effective** \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorized Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature(s) \_\_\_\_\_ Date \_\_\_\_\_