

Direct Deposit & Payroll Deduction Authorization: *Air Products Employees Only*

NAME (FIRST, MIDDLE OR INITIAL, LAST)	ACCOUNT NUMBER
CONTACT PHONE OR EMAIL	AIR PRODUCTS EMPLOYEE NUMBER
irect Deposit:	
Direct Deposit (Net Pay)	
I hereby authorize Air Products to initiate a direct deposit of i	ny net pay into my APCI FCU Account.
To avoid the limitations of Reg D, it is recommended that yo	u select Share Draft Checking if applicable.
FINANCIAL INSTITUTION NAME	FINANCIAL INSTITUTION PHONE NUMBER
APCI Federal Credit Union	800-821-5104
FINANCIAL INSTITUTION ADDRESS	
PO Box 20147, Lehigh Valley PA 18002-0147	
ROUTING TRANSIT NUMBER (ABA)	
2 3 1 3 7 9 0 3 4	
TYPE OF ACCOUNT (PLEASE SELECT ONE)	MICR NUMBER (13-DIGIT)
Share Draft Checking Primary Share	
 authority in such time as to afford the company a reasonab One month after my employment ends with Air Products a 	
SIGNATURE	DATE
ayroll Deduction Authorization: (do not fill this out if direc	t deposit was selected)
Payroll Deduction	
Frequency: 🔲 Weekly 🔛 Bi-Weekly	_
Deposit total sum of deduction to: Share Draft Checkir	
To avoid the limitations of Reg D, it is recommended that y	ou select Share Draft Checking if applicable.
TOTAL AMOUNT OF DEDUCTION	
\$	
Managing Transfers Between Your Accounts:	
 APCIRCUIT[®] PC Home Banking Service Users: log in t 	o APCIRCUIT, and on the homepage dashboard select
Transfers from the sub-navigation bar.	
 Non-APCIRCUIT[®] Users: call the Credit Union at 800 	-821-5104 for assistance.
SIGNATURE	DATE