



The Educational Employees' Supplementary Retirement System of *Fairfax County*
 8001 Forbes Place, Suite 300 - Springfield, Virginia 22151-2205
 703-426-3900 - 1-800-426-4208 - www.fcps.edu/ERFC

Credit Union Deduction

I hereby authorize that:

- \$ _____ (in multiples of \$5.00) be deducted monthly from my ERFC annuity check, and deposited directly into my account with the Apple Federal Credit Union. I understand this monthly deduction will commence within the next two payment cycles, and will continue until I provide written authorization to change or cancel this request.

- The current monthly deduction from my ERFC annuity check be changed from \$ _____ (in multiples of \$5.00) to \$ _____, and that this new amount be deposited directly into my account with the Apple Federal Credit Union. I understand this change to my monthly deduction will commence within the next two payment cycles, and will continue until I provide written authorization to change or cancel this request.

- The full net amount of my monthly ERFC annuity check, after deductions, be deposited by electronic funds transfer (Direct Deposit) into my account with the Apple Federal Credit Union. If money to which I am not entitled is deposited into my account, I further authorize ERFC to direct Apple Credit Union to return those funds.

My account number is _____ - 00
 Apple Federal Credit Union ABA number is 256078514

<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
<i>Social Security Number</i>	<i>Home Telephone Number (area code-xxx-xxxx)</i>	
<i>Signature</i>	<i>Date</i>	

ERFC Use Only

Processed by: _____ *Distribution form completed:* _____
Date